Croonian Lectures
ON
POINTS CONNECTED WITH DIABETES.

Delivered at the Royal College of Physicians,

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LECTURE III.—PART I.

MR. PRESIDENT AND GENTLEMEN,—The next point to which I must solicit your attention is the question of destruction of sugar within the system. The ingress of sugar into the general circulatory system necessarily involves a corresponding destruction, or removal in some other way, to obviate accumulation. When the glycogenic theory was first propounded, it was thought that sugar underwent destruction during the transit of the blood through the lungs. This harmonised well with the requirements of the case. A flow of sugar from the liver, derived either from ingestion or formation, or from both; its passage along the inferior cava and through the right cavities of the heart to the pulmonary artery, and its disappearance in great part on reaching the lungs, the capillaries of which stand next in the course of the circulation,—all fitted well together, and presented a semblance of reality. It was through some early experiments of my own that the difference originally supposed to exist between the blood which had passed through the lungs and that flowing to them was found to be based upon fallacious evidence. Bernard, even, has for some time abandoned the view, and latterly he has adduced experimental results upon which he has founded the proposition that destruction of sugar to a notable extent occurs in the systemic capillaries. His last view is, that the sugar reaching the circulation, as presumed under the glycogenic doctrine, passes through the lungs, and is conveyed in the arterial blood throughout the system, to undergo destruction whilst passing through the capillaries of the muscular and other general tissues of the body.

This view is founded upon quantitative results obtained by his volumetric process of analysis, which I have previously criticised. I have nothing here to say about the results viewed from a chemical aspect. Discarding the consideration of this part of the question as having been disposed of, there are other points to be attended to in looking to the results as affording a comparative representation of arterial and venous blood under the natural conditions belonging to life. Taking the whole experiment requiring to be conducted, there is a physiological as well as a chemical part to be dealt with, and more error even may arise from the omission of the proper precautions in collecting the blood for examination than is likely to emanate from the analysis.

Bernard has furnished in the *Comptes Rendus*,[1] and in his recently published work on Diabetes,[2] a number of results to show the comparative state of arterial and venous blood. There is a striking want of uniformity in the difference observable in the several experiments. Upon one occasion, I observe, he found identically the same quantity of sugar in the blood of the jugular vein as in that of the carotid artery. In all the others the arterial blood gives higher figures than the venous, the difference rising to as much as 0·720 part per 1000—that is to say, an amount considerably larger than the whole quantity which, according to my own experience, exists naturally upon an average in the blood of the sheep and bullock, and nearly the quantity in that of the dog.

I have given the most careful attention to this subject, and performed a large number of experiments bearing upon it. Unless the blood is collected from the artery and vein *at the same moment*, the experiment is perfectly useless, and worse than this, for it may be the source of a fallacious inference. Not only must the respective specimens of blood be collected at the same moment, but the animal must have been in a natural and tranquil state just previously; for experience shows that under almost any deviation from the natural condition, the contents of the circulatory system—and necessarily those of the arteries before those of the corresponding veins—become charged, to a larger or smaller extent, with an increased quantity of sugar.

It might be thought that with an increased quantity in arterial blood the venous blood would be similarly influenced, and that as long as the collection is made at the same moment a difference on the side of excess in the arterial blood might be taken as evidence of a corresponding destruction in the systemic capillaries. But such is by no means to be accepted as conclusively the case, for if from any cause there has been an increased flow of sugar into the circulation, when the blood thus charged reaches the systemic capillaries, the sugar, from its diffusibility, will escape by osmosis, and give rise to an appearance of loss by destruction which may not in reality have occurred.

Observation has taught me the necessity of giving the most scrupulous care to the manner in which the blood is collected for analysis to avoid being exposed to fallacy. I may here cite an example which shows how speedily an alteration in the condition of the blood from the ingress of sugar occurs. I attempted to collect arterial and venous blood separately from the neck of a bullock slaughtered by the Jewish method—that is, by a sudden incision of all the soft structures of the neck. At the first moment following the application of the knife a confused gush of bright-red blood is seen at the bottom of the incision, but a moment or two later darker blood may be observed to spurt out in two distinct streams from the neck. This, from its colour, I at first took to be blood from the jugulars, and collected it as such, the bright-red blood issuing with the gush immediately following the incision being put down as the corresponding arterial. Weighed quantities of sulphate of soda had been taken to the slaughterhouse, so that the operation for analysis might be commenced before coagulation occurred. Observations were conducted upon the blood of two animals, and these are the results that were obtained:—

Sugar per 1000 parts.

	First portion of blood.	Mean.	Second portion of blood.	Mean.
Obs. 1 ...	(*a*) 0·544	0·549	... (*a*) 0·581	0·583
	(*b*) 0·555		(*b*) 0·585	
Obs. 2 ...	(*a*) 0·629	0·624	... (*a*) 0·673	0·679
	(*b*) 0·620		(*b*) 0·686	

Thus, in each case the blood supposed to be venous contained a larger amount, to some extent, of sugar than the arterial. I was puzzled to account for this phenomenon, and it was only on a subsequent occasion, when I specially examined the sources of the blood, that I found I had been mistaken, and that the specimens in reality all consisted of arterial blood. The results, therefore, represented the difference producible by the lapse of what appeared an insignificant amount of time, and this as the effect of the simple occurrence of hæmorrhage. In the use of the poleaxe for slaughtering there is a further complication. The injury inflicted upon the brain tells very rapidly in determining a marked influx of sugar into the blood, and affords an additional chance of exposure to fallacy.

Permit me to pause for a moment and direct attention to the closeness of the results yielded by the counterpart analyses of the respective specimens just considered. In no case did the difference exceed 13 milligrammes (about one-fifth of a grain) in the amount of sugar contained in 1000 grammes (upwards of 15,000 grains, or two pounds) of blood, and in one case the difference only amounted to four milligrammes. Nothing can testify more strongly to the delicacy of which the process of analysis is susceptible.

The considerations to which I have adverted show how indispensable it is that strict precautions should be observed in the process of collection, to obtain a representation of the natural comparative state of arterial and venous blood. My own experience irresistibly leads me to the conclusion that these precautions have not been sufficiently observed by Bernard, and it is in this way that I explain the widely different comparative results that he has obtained. Indeed, in the description of one of his experiments (Leçons sur le Diabète; Paris, 1877, pp. 229–30) his language leaves it to be directly inferred that he first operated for the collection of venous blood, and then for arterial. For instance, he says that in a moderate-sized dog he exposed the right crural vein, and inserted a cannula into it and withdrew 25 grammes of blood. Next follows the statement that he immediately opened the artery of the same side, introduced a cannula and allowed 25 grammes of blood to escape. His analysis gave

[1] Tome lxxxiii., No. 6, p. 373. [2] Leçons sur le Diabète. Paris, 1877.

0·730 part per 1000 of sugar for the venous, and 1·450 per 1000 for the arterial blood, representing a difference of 0·720 between the two, or half the amount of sugar found in the arterial blood. In another place (pp. 218–19) he describes an experiment where a first collection from an artery and vein was made, and a marked difference observed in the analytical results, whilst a second collection a short time afterwards furnished specimens presenting an identity in the amount of sugar. The particulars of the experiment are these. He placed a cannula in the left carotid artery of a dog, and another in the right jugular vein, and withdrew simultaneously, it is stated, thirty-six grammes of venous and thirty-seven grammes of arterial blood. The specimens were submitted to analysis, and the arterial blood found to contain 1·480 parts per 1000 of sugar, and the venous 1·250 parts per 1000. He then repeated the collection, withdrawing simultaneously thirty-two grammes of venous blood and fifty-two of arterial. His analysis now gave 1·560 per 1000 of sugar for the venous, and identically the same figures for the arterial. Here, he remarks, the preceding abstraction had modified the amount of sugar and effaced the previous notable difference found in the two kinds of blood. The interpretation which my own experience would suggest is that the conditions of the second collection some time after the operative part of the experiment had been performed would be more favourable for supplying correct information regarding the comparative state of arterial and venous blood. I would also remark that everything depends upon the exactness of the proceeding comprehended under the term "simultaneous" applied to the collection of the blood. So short a time suffices to produce a fallacious result that the fallacy may be incurred notwithstanding, ordinarily speaking, it might be said that a simultaneous collection had been made. The observations I have related upon the blood collected from the bullock after the Jewish method of slaughtering exemplify this, and other evidence has been afforded to me of a like nature. It may be inferred also that Bernard has not attached the importance to an *absolutely* simultaneous collection that I have learnt the necessity of doing, or he would scarcely have put forward, without any remark, amongst his experiments, the instance I have cited, where, according to the account given, the collection of blood from the artery followed the completion of the collection from the vein. It was in this instance that the large difference I have commented upon between the arterial and venous blood was noticed—a difference comprised between 1·450 per 1000 (arterial) and 0·730 per 1000 (venous).

Having said thus much about the sources of fallacy to which the experimentalist is exposed in conducting observations to determine the natural comparative states of arterial and venous blood in relation to sugar, I will direct attention to my own results which have been obtained under the exercise of all the care that could be bestowed both upon the process of collection and the steps of the analysis.

In a first set of observations the blood was obtained instantaneously after death. The animal was pithed, and instantly afterwards a scalpel was drawn across the artery and vein determined upon without any attempt at isolation. The operation was too quickly performed to allow time for an alteration from the natural living condition to occur, and the specimens of blood were collected quite simultaneously. In Observation 1 the blood was obtained from the jugular vein on the one side of the neck and the carotid artery on the other. In Observations 2, 3, and 4, the crural was selected as the artery. The jugular was still kept to as the vein. The blood throughout the arterial system being the same in character, it is of course quite unnecessary that corresponding vessels should be selected. Any artery that is most conveniently situated for the experiment may be taken.

Amount of sugar found in arterial and venous blood collected simultaneously from the dog instantly after death.

Sugar per 1000 parts.

	Arterial.	Mean.	Venous.	Mean.
Obs. 1 ...	(*a*) 0·938 (*b*) 0·915	0·926 ...	(*a*) 0·904 (*b*) 0·897	0·900
,, 2 ...	(*a*) 0·799 (*b*) 0·791	0·795 ...	(*a*) 0·793 (*b*) 0·791	0·792
,, 3 ...	(*a*) 0·849 (*b*) 0·847	0·848 ...	(*a*) 0·847 (*b*) 0·854	0·850
,, 4 ...	(*a*) 0·812 (*b*) 0·830	0·821 ...	(*a*) 0·797 (*b*) 0·798	0·797

With reference to the last observation, it may be mentioned that my laboratory book contains a note stating that a little difficulty was experienced in collecting the arterial blood. It flowed somewhat slowly, and the last portion of it was dark in colour. In this condition it would doubtless have just commenced to be influenced by the post-mortem influx of sugar from the liver. Notwithstanding this circumstance, I have considered it advisable to include the observation in the list.

In a second set of observations to be now referred to the blood was collected during life. Chloroform in some of the experiments and ether in the others were first administered for the performance of the operation of exposure of the vessels. In each case the carotid artery of the one side, and the jugular vein of the other, were the vessels taken. After being cut down upon, and properly isolated from the surrounding tissues, a ligature was passed underneath, and tied so as to form a loose loop. In this way, the loops being left of sufficient length to reach the surface, the vessels could be pulled forward without exciting any pain or disturbance. A period of an hour and a half or two hours was allowed to elapse after this operative procedure, for the animal to recover from the influence of the anæsthetic. At the end of this time, without the use of any forcible restraint, and whilst the animal was seated quietly on a table, the vessels were drawn forward, and blood collected simultaneously from each. The process of analysis was then at once commenced, and here is a record of the results obtained in seven observations thus conducted.

Amount of sugar found in arterial and venous blood collected simultaneously from the dog during life.

Sugar per 1000 parts.

	Arterial.	Mean.	Venous.	Mean.
Obs. 1. ...	(*a*) 0·806 (*b*) 0·817	0·811 ...	(*a*) 0·808 (*b*) 0·788	0·798
,, 2. ...	(*a*) 0·873 (*b*) 0·854	0·863 ...	(*a*) 0·896 (*b*) 0·863	0·879
,, 3. ...	(*a*) 0·918 (*b*) 0·948	0·933 ...	(*a*) 0·918 (*b*) 0·914	0·916
,, 4. ...	(*a*) 0·870 (*b*) 0·899	0·884 ...	(*a*) 0·859 (*b*) 0·873	0·866
,, 5. ...	(*a*) 1·079 (*b*) 1·081	1·080 ...	(*a*) 1·102 (*b*) 1·096	1·099
,, 6. ...	(*a*) 1·231 (*b*) 1·232	1·231 ...	1·240	
,, 7. ...	(*a*) 1·155 (*b*) 1·170	1·162 ...	(*a*) 1·180 (*b*) 1·187	1·183

Average amount of sugar per 1000 parts of blood deducible from the foregoing eleven observations.

Arterial.		Venous.
0·941	.....	0·938

Excess on the side of arterial blood, 0·003.

Such, then—viz., three in the third decimal place—is the amount of average difference given by the observations I have adduced on the comparative state of arterial and venous blood in relation to sugar. On casting the eye through the list, it may be noticed that the corresponding results are throughout closely conformable. In some the excess is on the side of the arterial; in others, on that of the venous; and it is to be remarked that what difference is perceptible scarcely amounts to more than might be legitimately considered as falling within the limits of variation arising from the analysis, for it is not pretended that *absolute* precision admits of being attainable. It must be further remembered that, the results being represented in amount of sugar per 1000 grammes of blood, and the analyses having been conducted upon about 20 grammes, whatever slight error may have occurred becomes multiplied fifty times. A difference, for instance, of $\frac{1}{10}$ of a milligramme ($\frac{1}{154}$ of a grain) in the actual analysis would appear as five milligrammes in the result.

The performance of double analyses gives a trustworthy character to the evidence that it would not otherwise possess, and the closeness noticeable in the counterpart results speaks strongly in favour of the delicacy of the analytical process. In one instance it happens that only a single set of figures is seen to be given, an accidental loss of some of the precipitated suboxide having occurred, and vitiated the counterpart result.

It may be noticed that the amount of sugar found in the

blood is higher in some of the observations than what appears to exist under ordinary circumstances. This arises from the effect of the anæsthetic. If the blood be withdrawn whilst the animal is under the influence of the anæsthetic, upwards of two parts per 1000 may be found, and the results included in the list show that even after the lapse of an hour and a half or two hours the sugar may not have fallen to its standard amount.

UNUSUAL OCCURRENCE IN THE ATTEMPT TO REDUCE A DISLOCATED HUMERUS.

BY THOMAS SMITH, F.R.C.S.,
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THE following is an account of a case where, in an attempt to reduce a dislocated humerus by manual extension, the anterior integumental fold of the axilla was torn, and the pectoral muscles were ruptured. I am anxious to place the case on record as showing that the above-mentioned catastrophe can take place without the employment of pulleys, and that its occurrence is no proof that undue force has been employed in the attempt to reduce a dislocation.

My previous experience would have led me to believe that it was impossible to produce so dire a result with the means used, yet I am now convinced that in this particular case the upper extremity would have been completely torn from the trunk had the extending force been continued for a few seconds beyond the time when it was abruptly arrested.

The gentleman who made the extension was my then house-surgeon, not an athlete, nor was he supposed to possess any extraordinary physical force. He was of medium stature, compact and well knit in his frame, and he had not, I should say, put out his full strength, as he was making sustained extension, and I had not asked him to make his final effort when the accident occurred. The hollow of his foot seemed to pass through the anterior fold of the axilla, as if the latter were formed of wet paper. To an observer it was as if the foot cut its way through the tissues, and not as if these were torn by excessive stretching. There was nothing about the patient to make one suspect extreme degeneracy of tissue, though his occupation (that of a cellarman) was of an unfavourable kind. On other occasions I have employed far greater force without mischief to patients whose appearance was much more characteristic of degeneracy. Had the catastrophe occurred under the use of the pulleys, I should not have been held blameless, for no mere assertion as to the moderation of the force employed would have had much weight in face of the effect produced.

J. E——, aged fifty-eight, a cellarman, was admitted under Mr. Thomas Smith's care, April 30th, 1877. Eight weeks before admission he fell on his elbow, his hands being in his pockets at the time. As the result of this accident he suffered from paralysis of the radial nerve, and his arm lost its ordinary mobility, for which he was treated in various ways. On examination at the time of his admission he was found to have suffered a subcoracoid dislocation of the left humerus, which had escaped notice. On May 3rd, with the concurrence of the surgical staff of the hospital, he was put under the influence of ether, and after Mr. Smith had manipulated the limb so as to break down recent adhesions, an attempt was made to reduce the dislocation. The house-surgeon, sitting on the ground by the side of the patient, placed his left foot, covered only by a thin sock, in the axilla; a jack-towel was fastened by a clove hitch round the arm just above the elbow, the other end of the towel being passed behind the house-surgeon's shoulder, who also made extension by pulling from the patient's wrist. No other force was employed, and no assistance was given by by-standers. After extension had been maintained for a minute or so, the whole of the anterior fold of the axilla, integuments and muscles gave way like "rotten leather." The cavity of the axilla was laid widely open, and pretty free hæmorrhage took place. This was at once arrested by pressure, the patient was lifted on to the operating table, the bleeding vessels were secured, the axilla was washed out with carbolic solution, the wound was partially closed, and drainage established by lint soaked in carbolic lotion.

The pectoral muscles were found to have been almost completely torn, and the large vessels and nerves, with the head of the humerus, were laid bare, but not torn; the dislocation was reduced with ease. No immediate constitutional disturbance followed the accident. The patient took his food well, and his temperature was normal for four days; but as the discharge set in, his strength began to fail, and he died on the ninth day from exhaustion.

On post-mortem examination, diffuse suppuration was found to exist in and around the axilla, and the parts about the upper and middle lobes of the right lung were in a state of consolidation. The heart was flabby; the liver large, pallid, and fatty; the kidneys normal; the spleen large, soft, and semi-fluid; vessels of the size of the tibials were rigid from calcareous degeneration. The muscles generally were paler, softer, and more flabby than normal. At the seat of injury nothing could be ascertained as to their condition as regards degeneracy owing to the amount of sloughing that had taken place. No microscopical examination was made.

ON A PECULIAR FORM OF ALBUMEN IN URINE.

BY W. R. GOWERS, M.D.,
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THE specimen of urine which presented the following reactions was passed by a patient, beyond middle age, who had previously suffered from glycosuria. Unfortunately no further particulars of the case are to be obtained.

The urine had a specific gravity of 1015, was acid in reaction, pale in colour, clear, and contained no sugar. Heat rendered it opaque from a considerable flocculent precipitate, but when boiled almost the whole of the precipitate disappeared, the urine becoming almost as clear as before the heat was applied. On being slowly heated by a water-bath, it was found that the coagulation occurred at 122° F., and the precipitate began to disappear a few degrees below the boiling point. When thus slowly heated, the clearing on boiling, although great, was not so complete as when more quickly heated. The precipitate produced by a moderate heat, separated, and boiled with distilled water, dissolved at once.

Nitric acid in moderate quantity, in the cold, produced an abundant precipitate. Nitric acid and heat gave no precipitate: e.g., if the upper part of the urine in a test-tube was boiled, the opacity first produced cleared from the part boiled, a layer of thick opacity remaining at the lower part of the heated part, where the heat applied was less. Nitric acid then dropped through caused no precipitate in the upper heated portion, but an abundant precipitate in the lower, cool part. A larger quantity of nitric acid (equal in bulk to the urine) dissolved all the precipitate thrown down in the cold by a smaller quantity of acid.

With a small quantity of nitric or acetic acid, a compound was formed freely soluble in water, cold or hot: e. g., the copious precipitate produced by several drops of nitric acid in the cold was separated, and washed with distilled water. The first washing contained no trace of albumen (tested by placing it in contact with nitric acid). The second washing gave an abundant precipitate, tested in the same way, but none with heat alone, or with heat and more nitric acid. On adding to the urine a few drops of dilute acetic acid, no precipitate occurred, and none could be produced by heat. The addition of some nitric acid still caused a precipitate.

On rendering the urine slightly alkaline with liquor potassæ, heat produced no precipitate, nor did nitric acid added after heating. Nitric acid alone, in the cold, gave, of course, the same precipitate as before.

Alcohol, in moderate quantity, caused no precipitate. Creasote gave the same amount of precipitate as moderate heat.

The quantity of albumen was found, by Dr. W. Roberts's method, to be ·858 grain per ounce. Possibly the data for that method are not quite accurate for an albuminous body different from the ordinary albumen.

The albuminous body shown by these reactions thus differ from the serum-albumen which commonly occurs in

urine, especially in its solubility, at the temperature of boiling water, and by not being precipitated by a moderate quantity of absolute alcohol. The formation of a compound with acetic acid, as well as with nitric acid, not precipitated by heat, is, of course, frequently observed.

The only allusion to a similar reaction of an albuminous body in urine which I have been able to find is in a paper by Stokvis,[1] for an opportunity of seeing which I am indebted to Dr. Lauder Brunton. Stokvis describes coagulability at a temperature at which ordinary albumen is not coagulated (113° to 140° F.), and re-solution near the boiling point, as a characteristic of a specimen of Bence-Jones albumen, and he found that when a solution of albumen giving this reaction was injected into the blood of a dog, the urine gave the same reaction. It is, however, stated by Stokvis that the substance had been obtained from urine by precipitation by alcohol. In this reaction the albumen I have described differs, since it was not precipitated by alcohol, and in this it resembles paraglobulin, which also may occur in urine. But Stokvis is certainly wrong in describing coagulability at a low temperature and re-solution as a characteristic of the albumen described by Bence Jones,[2] who stated repeatedly that the form which he found in the urine in osteomalacia was not coagulated by heat alone. It is clear, therefore, that the substance tested by Stokvis was either not the same albumen, or had undergone a change. No doubt these forms of albumen are nearly allied, and may pass one into the other. Dr. Brunton's observations on the variations in the coagulation point of albuminous bodies in the urine,[3] and of those resulting from the process of pancreatic digestion, suggest that the latter may often pass unchanged into the urine, just as did that which Stokvis injected into the blood. It is possible that in this case the albumen had been formed during some modification of the digestive process, and had been absorbed and excreted unchanged. From the fact that the urine, although almost, was not quite, cleared by boiling, it seems likely that it did contain a small quantity of ordinary albumen.

I was, unfortunately, unable to obtain a second specimen for further examination.

CÆSAREAN SECTION IN A DWARF;

RECOVERY OF MOTHER AND CHILD.

BY E. M. WRENCH, F.R.C.S. ENG.

MARY T——, aged twenty-eight, single, 4 ft. 3½ in. in height. I was sent for by my partner, Mr. F. G. Atkins, of Bakewell, on the afternoon of March 12th, 1877, to Stanton Lees, a hamlet on the side of one of the steepest Derbyshire hills, unapproachable by a carriage, to a house where even the coals had to be carried up on men's backs. I found he had been twelve hours with a case of labour in a dwarf, who, though twenty-eight years of age, was not larger than many girls of ten. She was not deformed, but simply small, her hands, feet, and head being quite in proportion to her height. She was pregnant by a large quarryman, and had gone her full time, the child proving to be a well-formed and rather large boy.

At 6 P.M. I found her not much exhausted, though she had been about twenty hours in labour and the waters had escaped early. The presentation was difficult to make out, but was apparently the head, with a succedaneum pressed through the brim of the pelvis, the os uteri being dilated, high up, and out of reach. The child was lying with its long axis at right angles to the mother's spine; the vicinity of the chest to the pelvis having necessitated the expansion of the uterus directly forwards, so that it was lying almost entirely anterior to a line drawn from the ensiform cartilage to the pubes, and projected in a most unusual cone, of which the umbilicus was the summit. As a consequence, the feeble efforts at expulsion were not in the axis of the pelvis, and there was not the least descent of the head during the pains. The pelvis was so small that it was quite impossible to introduce the hand, and it was evident that delivery *per vias naturales* would be impossible without evisceration, and that even then it would be attended with almost insurmountable difficulty and risk. We therefore decided to perform the Cæsarean operation; but I was seven miles from home, without the necessary instruments, and the cottage was small and dark, so we decided to give her a large opiate, and operate in daylight in the morning.

March 13th.—9 A.M.: I found her very little altered from what she was last night. She had had very little sleep, but had had no very severe pains, and her pulse was weak, but regular. Having placed her comfortably on a table, drawn off the water, and mapped out where (from the louder souffle) I imagined the placenta to be attached on the right of the median line, Mr. Atkins, who was my sole assistant, administered chloroform followed by ether. Under the former, the pulse, which was previously weak, became flickering; but when the ether took effect it greatly improved. I operated in the usual manner by an incision eight inches in length in the median line, four inches above and four inches below the umbilicus. I was somewhat embarrassed by finding the walls of the abdomen and uterus no thicker than cartridge-paper, and the placenta extending about an inch across the median line. I cut through it before I was aware of it, and, the blood obscuring my view, I for a moment mistook a very thick coating of vernix caseosa on the child's back for the membranes, and made a slight incision into it. Discovering my mistake (and do not our mistakes often teach us more than our successes?) I speedily removed the child, and, when the uterus began to contract firmly, the placenta, without any very serious hæmorrhage. I passed my finger from above into the vagina to make sure it was pervious, and, when most of the hæmorrhage had ceased, I put no sutures into the uterus, but closed the wound in the abdomen with eight deep iron-wire sutures, adhesive plaster, and a bandage. A few knuckles of intestine protruded, but were easily replaced.

14th.—Has passed a quiet night, free from pain. (She is naturally very quiet and uncomplaining.) Pulse 160, weak; temperature 100°; respiration 19. Water drawn off by catheter.

15th.—Quite easy. Pulse 140; temperature 100°; respiration 26. Has passed water freely. Lochia free from smell and abundant.

16th.—Easy. Taking milk and beef-tea well; no stimulants. Asks for solid food. Pulse 126, full; temperature 100°; respiration 20.

17th. — Pulse 132; temperature 100°; respiration 20. Bowels moved three times without medicine.

18th.—Pulse 130; temperature 101°; respiration 20. Very little discharge from the wound. Three sutures that were cutting their way out removed.

19th.—The same. Bowels moved twice. Two more sutures removed.

20th.—Bowels moved once. Slight tympanites.

21st.—Pulse 121; temperature 99·7°; respiration 20. Two sutures removed. Some sanious discharge, like lochia, from wound.

22nd.—The same. The discharge from wound more purulent. Abdomen much reduced. Wound gaping, but healthy. The last suture removed. Bright-coloured lochia flowing both from vagina and lower part of wound, where there is a small piece of uterine wall protruding.

23rd.—Not so well; appetite bad; sudamina; no lochia; tongue coated; no increase of temperature.

24th.—Better; tongue clean. Ordered quinine and mutton-chop. Wound healthy. No lochia until the evening. Measures 24 in. around the waist.

26th.—Improving. Slight hectic every evening.

29th.—Much improved. Wound granulating and contracting. Appetite good.

April 4th.—Complains of slight pain in left leg.

7th.—Has phlegmasia dolens in left leg. Pulse 124; temperature 101·8°. Left calf 10½ inches, right 8 inches in circumference. Ordered ammonia internally; camphorated oil and cotton wadding to leg.

8th.—Easier.

14th.—Has gradually improved. Left calf now 9½ inches, right 8½. The wound in abdomen healed all but for one inch. Menses just now flowing freely from the wound, as well as from vagina. Allowed to sit up in bed.

24th.—Has gone on well until last night, when the right leg began to swell, and she has had no sleep. The left leg is now 8 inches and the right 9 inches in circumference.

May 23rd.—The wound in abdomen is almost healed. She

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1 Maandblad der Sectie voor Natuurwetenschappen, 1872, No. 6.
2 Philosophical Transactions, 1848, part i., p. 55; and Animal Chemistry, 1850, p. 108.
3 St. Barth. Hosp. Rep., vol. xiii., p. 284.

has gradually gained strength, and she was to-day moved thirty miles, by road and rail, to New Mills.

Oct. 15th.—She came at my request to show herself. The wound has apparently healed, but she has three times noticed blood on her linen opposite the cicatrix, during the period of menstruation. I thought there might be some fistulous opening into the uterus, but though I sought carefully with a probe, I was unable to find any. The scar is somewhat puckered, 3½ inches in length, 1 inch below and 2½ inch above the umbilicus. She has grown fat, but only measures 26 inches over the hips down to pubes (as you measure for an inguinal truss); 8½ inches across from one anterior supra-spinous process to the other. The finger, when inserted into the vagina, feels in contact with the bones all round. She weighs 73 lb., but is so small and child-like that she is allowed to travel for half fare on the railway.

I heard from her on the anniversary of the operation. She continues well, is regular every month, and still notices a few drops of coloured discharge from the cicatrix at each period. The child is alive, and is a very large child for his age.

Baslow, Derbyshire.

CASE OF HEPATICO-BRONCHIAL FISTULA.

BY W. E. GREEN, M.R.C.S. ENG., L.S.A.

G. I——, aged sixty-three, by occupation an inn-keeper, a well-nourished and active woman, has suffered for many years from occasional attacks of biliary colic. During the last two years these attacks have been more frequent and severe. When suffering from an attack she is generally slightly jaundiced. Has always vomited bile, while the motions have also contained a moderate quantity of bile. No gall-stones have been found, although frequently looked for. She has enjoyed good health during the intervals, but since her last attack some months ago has frequently suffered from severe pain in the back when lying down.

Present illness commenced on May 16th, 1875, with a general feeling of malaise; and the next day she could hardly attend to her usual duties.

On May 18th I was called in, and found the following symptoms complained of: a severe pain behind the right shoulder, opposite the sixth rib; slight cough, accompanied with a little expectoration, which, during the last two days, has contained small clots of dark blood. A careful physical examination shows nothing to account for this. Pulse 76; temperature normal.

19th.—Patient feels better; less cough, no more blood; tongue clean; bowels have acted, the motion natural in appearance.

20th.—Has coughed up some green bitter fluid, and is feeling very much better. A chemical examination of this fluid showed it to be bile, which was thought to have been vomited during a paroxysm of coughing.

21st.—The patient was found sitting up in bed coughing incessantly, and bringing up large mouthfuls of frothy bile. This had been going on for some hours, and the patient felt much exhausted. Pulse 108; temperature normal; tongue clean. (The bile, after settling, measured over forty ounces, and was natural in colour and free from phlegm.) On physical examination, the percussion note was clear, except over the lower two inches of the right lung posteriorly. Auscultation detected large bubbling râles in the right lung; and when the stethoscope was placed about three inches below the right nipple fluid could be heard gurgling, as if passing upwards from the liver with each inspiration. Hepatic dulness greater than natural. Pressure caused no pain. The heart-sounds were healthy. Kidneys acted naturally, and the urine was healthy. Bowels opened daily, and motions contain some bile; great anorexia.

The patient continued much as follows until June 10th:—At times suffering most distressingly from cough and expectoration of bile. The cough would sometimes be incessant for more than twenty-four hours; at such times sleep was out of the question, and the pain and rawness of chest very great, owing to the cough and passage of bile over the mucous membrane of the windpipe. Frequently during this period more than eighty ounces of pure bile (measured after subsidence) was coughed up in the twenty-four hours, resembling very much the whipped yelk of an egg, but settling down into a dark-green fluid. On one occasion this quantity was coughed up in seven hours. The pulse was generally quick, but there was no rise in temperature and no shivering except on one occasion to be afterwards mentioned. Bowels opened most days by aperient or naturally, and always contained some bile. The appetite improved, and nourishment was regularly taken in large quantities in the shape of raw eggs, beef-tea, milk, &c. Opium and Indian hemp were given freely to relieve the distressing cough. Sometimes an interval of a day or two occurred during which no bile was coughed up, and one lasted as long as four days—from May 29th to June 3rd.

June 10th.—A good deal of thick viscid mucus is now coughed up, as well as bile. The patient feels better, and says if only the cough could be stopped she should feel quite well. She does not emaciate. At 4 P.M. she vomited about a pint of most offensive matter, and felt better. Microscopic examination shows this to consist almost entirely of pus-cells.

11th.—More pus vomited during the night. Patient again expectorating bile. Feels better. Pulse 84; tongue clean.

15th.—The condition of the patient remains unaltered. A small hæmorrhage occurred from the rectum, probably hemorrhoidal. From this time enemata were used, instead of aperient medicines. The quantity of bile coughed up averages a pint daily, but the quantity of mucus with it increases.

26th.—11 A.M.: During the past ten days there has been a gradual improvement in the patient's condition, and she is now able to sit up. The daily motion contains a proper proportion of bile. The appetite has improved, and now both meat and fish are relished, as well as large quantities of liquid nourishment. There had been no expectoration of bile for two days previous to last night, when a slight return took place, and this morning she is coughing up phlegm in which are scattered pieces of bright orange-looking stuff, about as large as millet-seeds. These were carefully examined with the microscope, but nothing special made out. The cough gives so little trouble now, and the pain is so slight, that the patient is able to dispense with the use of opiates.—10 P.M.: Has been coughing and expectorating bile incessantly during the last four hours.

28th.—Again vomited a quantity of greenish pus.

July 12th.—During the past fortnight the expectoration of bile in considerable but decreasing quantities continues, with occasional intermission of a few hours, or at most two or three days. Pulse 88. The last thirty-six hours the cough has been troublesome, accompanied with considerable pain and "oppression of the chest." This morning a large quantity of pus was again vomited.

17th.—Patient complains that she gets weaker, and has great loss of appetite. The quantity of bile decreases, and the phlegm gets thicker and more mucous in character.

From this time the cough and expectoration gradually ceased, the appetite was better, and the patient improved in every respect. The bowels acted naturally, and the motions contained a proper proportion of bile. About the second week in August she left home for change of air, returning at the end of three weeks quite well, and able to follow her usual avocations, which are at times heavy, and extending always over several hours.

Remarks.—Cases of biliary fistula of this description occur so rarely that I feel justified in recording this particular case. In the whole of my experience I have never met with another, and have read but of two similar ones. One of these is mentioned by Murchison in his work on "Diseases of the Liver," and was not complete, inasmuch as the perforation was only into the right pleura, which was full of pus and bile combined, and was not discovered until after the death of the patient. The second example was a complete case of fistulous communication between the liver and right lung, occurring in the clinique of M. Laubelène, of Paris, and described by him to the Société Médicale des Hôpitaux. A brief mention of this case is recorded in THE LANCET of Oct. 2nd, 1875, at which time the above notes had been made. His case was in many respects similar to this one, and occurred independently of any hydatid disease.

I was rather puzzled to account for the bile seeking for itself a passage through the right lung. My first impression

was that it might be caused by hydatid disease of the liver, but careful and repeated examination of the expectorated matters failed to discover any cysts or hooklets of echinococci. It was, therefore, necessary to seek further for an explanation, and it occurred to me that the cause must have been mechanical—i.e., an obstruction of the bile-duct. Now, such obstruction may have been produced either by pressure from without or from something within the duct itself. Pressure from without may have been caused by an abscess; but I was not inclined to adopt this theory, for the following reasons:—1st. Abscess of the liver is a disease seldom met with in this country, and still more rarely in a person who has not been resident in a hot or in a malarious climate. 2nd. Abscess of the liver still more rarely occurs without elevation of temperature and shivering, and no such symptoms were ever present in this patient in the several attacks of biliary colic which I attended during the two previous years. I was therefore reduced to the theory that the obstruction was within the duct, and probably caused by the impaction of a large gall-stone, from the fact that during the last few years the patient had had repeated attacks of biliary colic, and that in neither of the later attacks in which I attended her could any gall-stones be discovered after the pain passed away, although carefully and repeatedly searched for.

The next thing, if possible, is to decide as to the position of the obstruction, and the clue to this is furnished by the fact that the bile was never entirely absent from the motions.

It is probable that the obstruction was in the large duct leading from the right lobe, for the following reasons: (1) Any obstruction in the ductus communis would probably have been *total* to cause the bile to force a new passage for itself; that it was not so is proved by the circumstance that there was never any severe jaundice present during this or either of the previous illnesses, and that at no time was bile completely absent from the motions. (2) Any obstruction occurring in the left lobe would hardly account for the daily loss of such an immense quantity of bile. The obstruction must therefore have existed in the right lobe, and its *modus operandi* was probably as follows: the bile, having accumulated behind the obstruction, and failing of any other passage, set up inflammatory action and ultimate adhesion between the parietes of the liver and the diaphragm, followed by perforation and escape of the bile into the right pleura, finally making for itself a passage through the right lung.

There is little doubt that the escape was into the pleura and thence into the lung, and that the pleura acted as a reservoir for the bile; for if the communication had been direct into the lung the expectoration of bile would probably have been continuous, but this was not the case. Sometimes there was a cessation of bile expectoration for some hours, and on one occasion even for days; and after one of these intervals the attack was always preceded by the expectoration of bloody mucus, as if the parts had been temporarily healed and again forcibly separated. Again, before each fresh attack, dulness on percussion could be detected rising posteriorly for some inches; whilst after the paroxysm, by means of the stethoscope, fluid could be heard trickling and tinkling as if falling into a cavity during each deep inspiration.

With regard to the vomiting of pus I can only suggest that this may have been an effort of nature to remove the obstruction. An abscess must have formed, which opened into either the stomach or the duodenum, instead of seeking a passage through the fistula already established by the bile. I believe the abscess to have formed after the obstruction commenced rather than before, because the only evidence of shivering and increase of temperature which occurred throughout the attack was on June 3rd, exactly one week before the abscess first emptied itself.

The following points in this case are also worthy of notice: first, the small amount of constitutional disturbance caused by the continual loss of such an immense quantity of bile; secondly, the trifling irritation set up in the bronchial tubes by the constant passage of a foreign fluid through them. There was rarely any cough except at the time the bile was being expectorated, at which time it was most distressing, frequently lasting from twelve to twenty-four hours without cessation, and each cough accompanied by a mouthful of yellow froth.

The small amount of constitutional disturbance was shown by the remarkable manner in which the strength and the weight of the body were maintained throughout the entire illness; by the fact that only on one occasion was there any rise in temperature or shivering (and that but for a few hours), and by the condition of the pulse, which rarely rose to 100 per minute, and then only during severe paroxysms of coughing.

The patient is at the present time in the enjoyment of excellent health, and has never since had a return of her former attacks of biliary colic.

Belgrave House, Sandown, I.W.

CASE OF SCIATICA, TREATED BY NERVE-STRETCHING.

BY ALEX. W. MACFARLANE, M.D.

WITHOUT any desire to enter upon the consideration of the pathology and treatment of sciatica, I wish, while nerve-stretching is still on its trial, to record a case of that disease that was under my care last year for ten months, in which this method of treatment was successfully employed.

Mrs. X. is twenty-nine years of age. When sixteen years old she suffered from slight lateral curvature of the spine, which to a very slight extent still exists; and since that time she has occasionally suffered from spinal tenderness, which has always yielded to tonics and counter-irritation of various kinds. With this exception she has been a very healthy woman. She has never borne children, but has no uterine disturbance.

On the 26th January, 1877, I found her labouring under a very painful attack of sciatica, which had come on after a chill; and from that time until the 3rd November it was uninfluenced by treatment, although most perseveringly applied—locally, by morphia injected hypodermically, aconite, belladonna, opium, chloroform and cantharidine liniments, leeches, fly blisters frequently applied, acupuncture, hot douching, actual cautery, and galvanism; internally, by quinine, iron, chloride of ammonium, strychnine, arsenic, phosphorus, iodide of potassium, zinc, actea racemosa, turpentine in large doses, purgatives, &c. &c. These were all tried; and when I say "tried," I mean they were taken in full, even large, doses, and continued sufficiently long to show they were inert. The only improvement that took place was a transient one, when, at the seaside, she was having hot salt-water douches.

I was at last driven to propose stretching the nerve. Before undertaking the operation, Professor Gairdner, of Glasgow, who saw the patient, agreed with me that the list of remedies had been exhausted. I performed the operation, under antiseptic precautions, on Nov. 3rd, stretching the nerve thoroughly, though I failed to lift the leg off the table. The wound healed by the first intention. Since that time till now (July 3rd), more than eight months, not the slightest return of pain has been experienced.

This was a severe and protracted case, and a suitable one for testing the treatment; the result has been all that could be desired. I have stated that I performed the operation under antiseptic precautions, which to some may appear to have been unnecessary, as clean-cut wounds usually heal by the first intention. I submit, however, that such wounds, treated without antiseptics, may occasionally suppurate, and even endanger the patient's life; with the antiseptic treatment I believe this danger to be highly improbable, if not impossible. The lives of patients suffering from sciatica are not in danger, and nerve-stretching cannot yet be undertaken as a certain cure; therefore without antiseptics I should hesitate to perform this operation, that might possibly not effect a a cure, and even endanger life. Such considerations, though apparently trifling, are of great consequence to patients, as it is important that they can be assured that, though the operation fail, their life will not be jeopardised.

Kilmarnock.

BEQUESTS ETC. TO MEDICAL CHARITIES.—Mrs. Elizabeth Burmester, of Devonshire-place, bequeathed £500 to the Middlesex Hospital, and £500 to the Hospital for Consumption, Brompton. The Rev. Augustus Clissold has given £500 to the Charing-cross Hospital. The All Saints Convalescent Hospital at Eastbourne has received £105 from the Prison Charities' Committee.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam alborum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

KING'S COLLEGE HOSPITAL.

LARGE EPITHELIOMA OF THE TONGUE, REMOVED BY THE WIRE ECRASEUR, PASSED THROUGH A SMALL OPENING ABOVE THE HYOID BONE.

(Under the care of Mr. WOOD.)

FOR the following notes we are indebted to Mr. E. H. Howlett, surgical registrar.

T. H——, aged sixty-six, a porter, married, was admitted into the Albert ward on May 29th last. There was no family history of tumour. He had been toothless for ten years, was not a smoker, and had no syphilitic history. Seven weeks before he first noticed an increased flow of saliva, and pain in the tongue, accompanied by swelling on the right side. A week later the swelling became hard, and grew rapidly, and three weeks ago it began to ulcerate.

On admission, the man was pale, anæmic, and in a low state of health. He had lost flesh. On the right side of the tongue there was an ulcerated mass about one inch and a half long, raised half an inch above the surface of the tongue, and nearly filling the mouth. The tongue around felt hard, the thickening extending across to the left side. On passing the finger behind the ulcerating mass, a portion of apparently healthy tissue could be felt between it and the epiglottis. The edges were everted, and the surface of the ulcer was raw, and covered with a tenacious glairy deposit. Some ill-defined thickening could be felt beneath the jaw on the right side. The movements of the tongue were limited. There was no hæmorrhage, but there was a great and continuous flow of viscid saliva, which dribbled out of the mouth. There was severe pain, which prevented sleep. The man was unable to take solid food. The appetite was bad, and the spirits depressed. The heart-sounds were normal, but the radial artery was tortuous. A trace of albumen existed in the urine.

On June 1st the patient was placed under the influence of ether, and the mouth widely opened with a gag. A short hempen ligature was passed through the tongue about one inch from the tip, and fastened into a loop, so as to give perfect control over the organ. The tongue was then drawn forward and raised, and the frenum linguæ and tissues at the under-surface were divided with a pair of scissors, the cut being directed deeply to avoid the arteries. The anterior pillars of the fauces were also divided. A vertical incision, three-quarters of an inch long, was made in the median line just above the hyoid, and the loop of an écraseur passed through into the mouth and slipped over to the back of the tongue close to the epiglottis, with the tongue drawn well forward. The wire was then tightened, and in about two minutes the organ was cut off. Hæmorrhage was slight, and only from one small vessel, which was quickly controlled by the actual cautery. A few pieces of loose tissue were removed with the scissors, and the raw surface freely touched with chloride of zinc (forty grains to an ounce). The wound beneath the jaw was dressed with thymol. The patient was given ice to suck, and had twenty-five drops of tincture of opium.

Next day the temperature was 101°; pulse 100. There was but little pain. He was fed by enemata. On June 3rd he could swallow fluids. Tried to talk, but could only be understood imperfectly. Temperature 99°; pulse 90. The submental wound was entirely healed. He continued to improve, and on June 13th was convalescent. He could talk intelligibly; took liquid diet well. The stump of tongue was touched occasionally with solid chloride of zinc. The man steadily gained flesh, and on June 27th he could eat solid food with little difficulty. The speech was much improved, and could be understood. The wound was cicatrising, and the stump of tongue was much contracted. There was but little pain except when the chloride of zinc was applied. The swelling under the jaw had diminished, and the patient was up and about the ward.

Microscopical examination of the tumour showed the characteristic nested arrangement of epithelial cells.

TOXTETH PARK WORKHOUSE INFIRMARY.

CASES TREATED WITH THE THERMO-CAUTERY.

(Under the care of Dr. LYSTER.)

FOR the following notes we are indebted to Mr. C. Woods, M.B.

John B——, aged seventy-four, labourer, was suffering from hæmorrhoids of eight years' standing. He was also the subject of hernia and general debility. The hæmorrhoids caused much pain and loss of blood during defecation. On the 1st of March last the hæmorrhoids were seized with a vulsellum and brought down, caught up with the clamp, and removed with the thermo-cautery. From the base of one of the piles a pretty smart hæmorrhage ensued, which necessitated the ligaturing of a small artery. For a little time after the operation the man complained of pain, but there was no more bleeding, and he was discharged from the hospital well on April 15th.

Robert P——, a ship's apprentice, aged sixteen, was admitted suffering from spreading lupus of the face involving the nose and upper lip, and extending about an inch on either side. About two years before he fell from the mast of a ship on his face, cutting his nose and upper lip. He was conveyed to the nearest hospital, and remained there three weeks, when he was discharged well. Immediately on leaving the hospital the lupus developed, for which he was treated at different institutions for about a year without any benefit. On March 2nd, 1877, Dr. Lyster freely cauterised the whole diseased surface with the thermo-cautery, the patient being under the influence of ether. As the eschar came away the surface healed, and on April 1st the slough had all fallen off. Dreading a return, the surface was again cauterised on Oct. 7th, and again on March 2nd, 1878. The patient was discharged well on the 13th April, 1878, with an indistinct cicatrix and a healthy skin.

Roger W——, a sawyer, aged sixty, came under notice on the 20th of November, 1877, suffering from cancer of the tongue, which six months before had commenced as a tubercle on the side of that organ, but which soon ulcerated and caused the patient a great deal of inconvenience and pain. Dr. Lyster determined to remove the diseased part by means of the thermo-cautery. Accordingly, on the 27th November, the tongue having been forcibly drawn forwards with a strong vulsellum, the diseased part was entirely removed with the thermo-cautery. The pain was slight, and not a drop of blood was lost. A good recovery ensued, the patient leaving the hospital on the 5th January, 1878.

Remarks.—These cases illustrate the value of the cautery, and especially the thermo-cautery, which is always ready and never out of order. At the same time, although the use of the cautery is generally considered to be free from the danger of hæmorrhage, Case No. 1 proves that hæmorrhage may occasionally occur. The most important point in the use of this instrument is the regulation of the heat, which never should be raised to too great intensity. If a white heat is attained the bleeding will often be as free as after the use of the knife.

HÔPITAL LARIBOISIÈRE, PARIS.

PNEUMONIA, PURULENT PLEURISY, AND HEMIPLEGIA.

(Under the care of Professor JACCOUD.)

ON the 15th of January last A——, fifty years of age, a coachman, was admitted into St. Jérome ward. He confessed that he was given to habits of intemperance, but denied syphilis. Eight days before entering the hospital he began to cough, and was troubled a great deal by dyspnœa. Upon the day of admission these symptoms still persisted, and he had moreover a decided pneumonic expectoration. He stated that he had not had a rigor, but he complained of a violent pain in his side. These symptoms were sufficient to draw attention towards the lung. Temperature 39·7° C. (103·4° F.) Percussion sounds were very

dull on the left side. Numerous crepitant râles were heard on the same side, and upon placing the hand upon the chest it was found that the thoracic vibrations were augmented. An emetic was ordered. On the succeeding days the temperature remained extremely high, and the disease made rapid progress. The face became congested, the body was covered with perspiration, and the tongue was dry. Urine scanty. The prostration was very great. Several blisters were put on the affected side, but notwithstanding this the temperature was 40·5° C. (104·9° F.) eight days after admission. A small dose of sulphate of quinine reduced his temperature to 38·8° C. (101·8° F.) This decrease in the temperature gave rise to the hope that the lung was becoming healthier, but on auscultation numerous subcrepitant râles were heard in a great portion of the left side. A slight purgative was administered, after which the patient appeared to be a little more comfortable. The temperature, however, went up again on the following day, and on the night of the 28th January the patient became paralysed on the whole of the left side. From that date he suffered from incontinence both of urine and fæces. Tactile sensation was greatly diminished, but he felt pain. He fell into a state of coma, and tracheal râles made their appearance. The pupils were contracted; pulse weak and thready; temperature 40·5° C. (104·9° F.) Delirium, accompanied by vomiting, supervened, and on the 30th January he died.

Necropsy, twenty-four hours after death. — The left side of the thorax was filled with pus (from 2·5 to 3 litres), which was without any odour, and of a normal consistency. The lung appeared as if it were floating in this liquid, and was pushed upwards. The left lung was in a state of red hepatisation. In certain spots there was a tendency to its becoming grey. The pulmonary tissue was infiltrated with an inflammatory exudation; it rapidly sank in water. The liver was considerably enlarged, felt rather hard to the knife, and presented almost a cirrhotic aspect. The lobules were distinctly isolated. The centre was of a reddish hue; the margin, on the contrary, was yellow. The kidneys did not present anything worthy of note, but were slightly congested. The stomach was healthy. The heart was small and fatty. The brain appeared in an œdematous condition. A gelatinous-looking liquid separated the pia mater and cerebral substance. On the right, and near the fissure between the two hemispheres, there were patches of pus. There was also some pus near the fissure of Sylvius and at the base of the cerebellum. There was no hæmorrhagic focus. The purulent patches had softened the cortical portion of the brain-substance considerably in the neighbourhood of the ascending parietal convolution.

Reviews and Notices of Books.

An Atlas of Illustrations of Pathology. Fasciculus I., Diseases of the Kidney. London: New Sydenham Society. 1877.

THE New Sydenham Society made up its mind many years ago that its funds should be largely spent upon chromolithography, and these counsels still prevail, for the subscribers are not only promised an occasional future fasciculus of the Atlas of Skin Diseases, which was commenced eighteen years ago; but the present Atlas of Pathology will extend probably into the twentieth century at the proposed rate of progress. We do not believe in the possibility of teaching pathology by means of pictures, which necessarily bear but a faint resemblance to the original specimens depicted. We nevertheless think that a good selection of cases of kidney disease which had been watched throughout by good modern authorities (such as Johnson, Dickinson, Sutton, and Roberts of Manchester) might have been of service if the naked-eye appearances of the kidneys had been given together with a microscopic drawing of the chief histological features, a short *résumé* of the clinical aspects of the case, the leading facts with regard to the urinary secretion, and a picture of the renal derivatives found in the urine. If this had been done, and the physician had directed the artist as to the points to be illustrated, and if the whole facts had been given *en suite* so as to be easy of reference, the student of to-day might have known what modern pathologists have to say about the kidney. This has not been done. Many of the cases are ten or twenty years old; the clinical facts are divorced from the picture and placed in an appendix, so that a constant turning of leaves backwards and forwards is necessary. Many of the clinical facts are irrelevant and unnecessary (take the tedious history of a normal case of diphtheria given on page 2), while some drawings are given without any clinical history at all. There is not a single picture of a renal cast, and adequate details about the urine are conspicuous by their absence. With the next fasciculus we are promised a *résumé* of renal pathology from the pen of Dr. Greenfield, which is to be illustrated by microscopic drawings. It is evident that the microscopic drawings cannot be taken from the specimens which are given macroscopically, except perhaps in some few cases. To have to search through two fasciculi for the continuous history of one case seems altogether needless, and we trust the remarks we have made will have some weight with the council of the Society. The drawings themselves are of the usual brilliant description, but we must be allowed to doubt whether the medullary portion of a kidney was ever the colour of bright vermilion (Fig. 1, plate ii.) The kidney has so startling an appearance that we at once referred to the appendix for details of it, but we find that that which surprised us received no notice from the physician who recorded the case, who says: "Malpighian bodies much injected in places. Cortex rather clouded round the pyramids of Bertini. These were all the changes."

Public Medicine in America. Being the Centennial Discourse delivered before the International Medical Congress, Philadelphia, Sept. 1876. By HENRY J. BOWDITCH, M.D. Together with a Digest of American Sanitary Law, by HENRY G. PICKERING, Esq. Small 8vo, pp. 498. Boston, U.S.: Little and Co. London: Trübner.

FEW books have of late appeared of greater interest to the sanitary student than this work of Dr. Bowditch's. Again and again the student in this country has been at fault if he were desirous to obtain any clear knowledge of the position of public hygiene in the United States. He might pick up here and there disjointed fragments of information as to particular States, but, as a rule, he was foiled in his endeavours to acquire a comprehensive view of the subject in its general relations to the great commonwealth. It may be said that this was almost a necessity of the peculiar relationship of the States to each other, and of the conditions of their federation. Public hygiene is a question which concerns and is dealt with by each State individually, and does not come within the purview of Congress except as to certain questions of quarantine. Hence the study of public health law and administration in the United States only admitted of being pursued in its relation to the several States. Nevertheless, the want of any summary account of such law and administration was felt as a stumblingblock to the student on this side the Atlantic, far away from the original sources of information.

Now, this work of Dr. Bowditch's presents us with a lucid account of the position of the United States in the great work of advancement of public hygiene, and of the present state of educational provision and of statute law in the States on the subject. On these several topics it supplies a want which has long been felt here by the sanitary student. The centennial address is a masterly production, of which the first part is devoted to an historical account of the gradual evolution of the idea of State Preventive Medicine during the centennial period; the second, to the present state of the country in reference to public hygiene and State Preventive Medicine, as shown by an analysis of answers to various questions submitted to correspondents resident in all parts of the United States. The

address is followed, among other matters, by a statement of the amount of attention given to instruction in public hygiene and preventive medicine in universities and medical colleges in the States, and by an admirable and most interesting digest of American Sanitary Law by Mr. Henry G. Pickering, counsellor-at-law.

The work will have an abiding value, and should find a permanent place upon the shelves of the sanitary student.

Les Eaux Potables causes des Maladies Epidémiques. Par EMMANUEL-VICTOR RENOIR. 8vo, pp. 172. Paris: J. B. Baillière et Fils. 1878.

THE argument of this book is thus summarily stated on the title-page: "Epidemic maladies, diarrhœa, dysentery, intermittent fever, eruptive fevers, typhoid fever, disease of the liver, cholera, plague, yellow fever, typhus, affections of the respiratory apparatus, such as bronchitis, coryza, whooping-cough, croup, diphtheria, influenza, pulmonary phthisis, are exclusively the result of the ingestion of water more or less polluted or of different nature. In order to avoid these maladies, it suffices to boil the water destined for drinking." To support this argument the author brings together a promiscuous assortment of facts, laboriously compiled. The work appeals chiefly to collectors of curious medical literature.

ABSTRACT OF SIX LECTURES
ON THE

DIAGNOSIS AND SURGICAL TREATMENT OF ABDOMINAL TUMOURS.

Delivered at the Royal College of Surgeons,

BY T. SPENCER WELLS, F.R.C.S.,
HUNTERIAN PROFESSOR OF SURGERY AND PATHOLOGY.

AT the fourth lecture (delivered June 17th) the lecturer described in detail the different steps in the operation of ovariotomy: position of the patient; incision; adhesions; opening and emptying of the cyst; its removal; treatment of the pedicle; closure of the wound; dressing and after-treatment. We give, in Mr. Wells's own words, the remarks on cleansing of the peritoneal cavity and closure of the wound:—

"I will ask you to suppose we have got so far with the operation that the tumour has been removed, the clamp applied, or the ligature has been used and the tumour cut away. The next thing is to cleanse the peritoneal cavity of anything which ought to be removed from it, either blood that has oozed from the separated adhesions, or any ovarian fluid that may have accidentally passed into the cavity, in spite of all the care we may have used; to do that, it is only necessary to take one sponge after another, and to carefully wipe away anything that there may be in the peritoneal cavity. I do not think we can be too careful about this. It is said that the sponging rubs off the delicate secreting surface of the peritoneum, and so does great harm. Microscopically, it has been shown that the peritoneum looks extremely bare after being sponged; but, practically, it is found that the more careful the sponging the better is the result to the patient. Just a word of caution as to the number of sponges. Be sure that every sponge passed into the peritoneal cavity is removed. There are cases on record in which a sponge has been found in the peritoneal cavity of a patient after her death. Once it occurred to me to make this mistake myself; but I got the sponge out afterwards. I was just finishing an operation when one of the gentlemen who was assisting me said, 'You left a sponge in.' I said to the nurse, 'Count them.' She said, 'They are all here; I have sixteen.' I said, 'Are you quite sure you have them all?' I was feeling about the peritoneal cavity to try to find a sponge, but I could not find one. I took all the pains I could, and then the nurse said, 'I am quite sure I have got them all.' So I was satisfied, and I sewed up the wound. It was about two or three in the afternoon. At eight or nine o'clock at night they came round to me to say the nurse missed one of the sponges, a sponge she knew; it could not be found; it must be in the patient. It was difficult to know what to do for the best. The patient seemed pretty well, and I did not like to open the abdominal cavity again to see whether there was a sponge there, so I decided to wait till the morning. In the morning she seemed very ill; she had had a very restless night, and I thought it better to open the wound. I took out two stitches, and the instant I put my finger in I felt the sponge. It had been pressed, I suppose, by the movements of the intestines towards the wound, and there it was. I took it out, reclosed the wound, and the patient was not much the worse for it. So I would again impress upon you as strongly as I can the necessity of always counting the sponges, and always being quite sure they are all away. In one other case I was a long time searching for a sponge before I could find it. No one who has not tried would believe the difficulty of finding a sponge in the abdominal cavity, if it be not very large and have become saturated with fluid. The lady was the wife of a surgeon, and I operated upon her in the fifth month of pregnancy. After the pedicle was secured and I was closing the wound, the nurse said there was a sponge missing. I said, 'Are you quite sure?' She counted again, and said: 'I am sure there is a sponge missing.' I felt in every direction in this lady's abdomen; put my hand to the bottom of the pelvis, to the front of the uterus, and everywhere I could think, but find the sponge I could not. But at last, up to the back of the liver, between the liver and the diaphragm, I found a small sponge and removed it. The patient made an excellent recovery, in spite of all this groping. But this leads me to repeat the caution not to use sponges so small that they are not easily found.

"When the peritoneum has been cleansed, the next thing is to close the wound. In the early cases, I closed the wound by hare-lip pins, putting a twisted suture round them. That plan is still followed by Kœberlé and other well-known operators. But, for a long time, I have only used pure silk. I have the needles threaded in pairs (two needles to each piece of silk), and put into a piece of carbolised gauze all ready for use. The needle with the thread is held in Mr. Wormald's needle-holder, the simplest and most satisfactory needle-holder one can use. Each needle is passed from within outwards. There is no danger of wounding the intestine if the needles are passed in that way. Taking one side of the opening in the abdominal wall between the finger and thumb, one needle is passed from within outwards. This is easily done through any thickness of abdominal wall. On the other side of the opening, the second needle on the same piece of silk is used in the same way, and so the silk passed from within outwards is ready for tying the sides of the opening in the abdominal wall together. When one suture is passed, the assistant holds up the ends and you pass another. In this way, some five or six, or eight, are employed, according to the length of the incision, and, when they are all made, it is ready for the tying process. I should have said that, before beginning to pass the sutures, a flat sponge is passed within the abdominal cavity, and is left behind the line of incision to be ready to catch any drop of blood that may pass inwards from each prick of the needle, and also serve to prevent any escape of intestine. In this way, with a large sponge covering the intestines and omentum, lying close behind the abdominal wall, you are kept safe from doing any possible harm. When all the stitches have been passed and the sponge is removed, the assistant grasps the abdominal wall and holds it tightly while the sutures are being tied, so that there can be no escape or protrusion of intestine or omentum between the lips of the wound. There are cases on record in which fatal obstruction of intestines has occurred simply because the intestine has been tied in closing the wound. A loop of intestine has been sharply constricted by a suture, and in this way the patient has been absolutely killed. Sometimes a piece of omentum may be strangulated in the same way, and lead to troublesome vomiting, so that it is very necessary that the surgeon, in sewing up the abdominal wall, should occasionally pass his finger inwards behind the line of sutures, and make sure that there is nothing interfering between the two edges of the united wound."

DR. H. CROLY has obtained a superannuation allowance of £50 per annum on resigning as medical officer for the Rathfarnham and Whitechurch Dispensary District of the South Dublin Union.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Second Session 1878.

FRIDAY, JUNE 28TH.

THE General Medical Council met to-day for the purpose of taking into consideration the amendments in the new Medical Bill. Dr. Acland presided, and all the members of the Council were in attendance.

The PRESIDENT in his opening address, after referring to the various Bills before the House, said: "The Government Bill was undertaken at the urgent request of the Council. It professed, so far as data were attainable, to aim at amending the Medical Acts in all points needed by the profession and the public. One subject only was omitted which some held to be of great importance. The Government Bill did not reconstruct the executive which has to carry on the work directed to be done by the Medical Acts. On this rock it was that Lord Ripon's Bill was wrecked. A section of the medical profession in 1870 preferred no legislation at all to legislation without changing the constitution of the Medical Council. The present Government, like its predecessor, has hitherto declined to mix the question of an alteration in the Council with the new work which it assigns to the Council. A mode of appointment which secured during the last twenty years the services of nearly every leader of the profession,—of Sir Benjamin Brodie, Joseph Henry Green, William Lawrence, Sir Charles Hastings, Stokes, Parkes, Rumsey, Embleton, Allen Thomson, Sir Robert Christison, Sir Thomas Watson, Begbie, Lister, Sir George Burrows, George Paget, Cæsar Hawkins, Arnott, Sharpey, Quain, Teale, and Syme—I do not speak of present members of the Council, the colleagues and successors of those great names—could not, it was thought, need instant change. At all events the reasons alleged for change must be thoroughly sifted, and the change to be made, if any, must be adopted after careful consideration of the modifications from which a choice would be made. I do not at present therefore touch in detail on this vexed topic, though it is raised in the Bill brought in by Mr. Mills and Mr. Childers. If the Government Bill pass in anything like its present form, much more work will devolve on the Council and its office. When this work is entered upon and understood, it may be highly desirable to ask if a Council can be produced which is better adapted to the wants of the future. On this matter opinions are much divided. The Government, the universities, the corporations, those responsible for the army, navy, public health, and Poor-law medical services, the medical profession as a whole, will have each their word whenever the simple constitution of Mr. Walpole's Council is to be discussed. The question of numbers, of cost, and of administrative convenience, as well as of the mode of appointment, will have to be seriously entertained. It would be premature to settle this before, for instance, it is decided whether hereafter only three examining boards for the kingdom are to be supervised and inspected, or whether, as heretofore, nineteen; whether the Council is to frame, or to supervise, or only to approve, schemes for dentists and midwives for the whole kingdom. The more the subject is looked into the more it will appear that the work, old and new, to be done must be first fixed, and then we may ask by what agency it can best be done. I do not presume to express any positive opinion on a matter on which the Council may perhaps pass a resolution. But I hope the Government may first succeed in passing a Bill, and when this is done, for my own part I shall be glad if they will yield to the long expressed wishes of many members of the medical profession, and settle as soon as possible what is the best constitution for the Medical Council of the future. All who have at heart the real interests of British medicine, the steady progress of education, both scientific and practical, and the well-being and good conduct of our medical institutions, cannot but deplore the suspense and agitation which check all endeavours to come to satisfactory decisions on these important points. I have said this because I have too much reason to fear that some members of the House of Commons may be urged to impede any legislation which does not propose one particular mode of changing the Council. I have given very briefly some of the reasons which influence others to think such course of action unfortunate. It is calculated only to distract attention from the important consideration how to settle without delay the disturbed system of medical education and examination, so far as that system is affected by legislation." The President then alluded to the principal changes made in the Government Bill, and continued:—"Great questions of education still call for solution. Few of them will be solved in a period of strife. It is certain that for medical education what is most needed is the application of the best minds to the steady development of a sound literary, scientific, and practical examination scheme, which shall admit diversity of learning and teaching without allowing unreasonable stringency or dangerous leniency in testing results. Who will best arrange this scheme? A Government office, or the combined efforts of the profession? Is not this the question now really at issue? Must not the Council face the question and endeavour to agree on a united action? If the amendment introduced by Lord Ripon into the Government Bill, which is expected to remove the registration of the mass of practitioners from connexion with the medical and surgical institutions, be retained in such form as to work this result, the Bill will provoke continued opposition; and the consequence may ere long be that the pass examination will become, as in Germany, an affair of the State. Many desire that the Bill should be brought back practically to its original intention before Lord Ripon's last amendment was accepted. The regulation of the pass scheme will then remain in the hands of all the licensing bodies—that is, of the most eminent members of the profession at large. It is well known that such is the love of freedom of action in England, that some members of the licensing bodies would prefer a State licensing board, setting the bodies themselves free to regulate their honours, to a board composed by themselves, without the power to retain as their licentiates or members those whom they have guided through the days of their pupilage. There are other points in the Bill not of equal magnitude, which have caused some discussion. I will only name one, as on that I have received many communications. Two years ago the Medical Register was so erroneous that it contained more than 2000 wrong addresses. This fact made those persons who were so entered liable to lose their place in the Register, or, in other words, to lose their civil rights under the Act. It seemed requisite to endeavour to make the office arrangements more complete. The mode by which it is endeavoured to obtain this result is, as I understand, not acceptable to the local officers of Scotland and Ireland. On hearing this, it was my duty to point it out without delay to the Government, in order that the case may be submitted to your consideration. It would seem that a small alteration will meet the existing complaint to which I allude, while it will still enforce the correctness of a document so important to the public as that which purports to give the record of all practitioners qualified to exercise the profession of medicine in this country. I might enlarge on many other topics, but the above are the chief that require your attention. If the several medical institutions should agree to construct a national board in each branch of the kingdom, the ground for further change will be cut away for years to come, and the several questions affecting a higher organisation of teaching will gradually be unfolded and discovered. Into these I forbear now to enter: they recur perpetually. They are not, in their details, the same in England, in Scotland, or in Ireland. We all desire freedom of teaching with perfection of testing. We all desire perfection in training medical students who shall possess sincere aspirations, that shall be fruitful of intellectual, moral, and social good. In their broad principles they are everywhere the same. The Council will, I trust, excuse the tediousness of the details which have been now submitted to them, and will, I would fain hope, accept my endeavours to prepare for them the opportunity for a calm consideration of the conflicting opinions which they so well know to exist, and which perhaps this Council alone can harmonise. The advice which is tendered to members of Parliament on subjects of medical legislation is not seldom so contradictory as to be perplexing. It is apt to throw into the regions of mere chance, questions that should be more fixed and determinate. The Council may now assist to remove much uncertainty, and by clear statements make true men feel

that commissions and committees can elicit nothing that is not already known, and will import, while the sand is fast running out, yet new perplexity and yet more delay."

A letter was then read from the Privy Council Office thanking the Council for the copies of their resolutions passed at the last sitting with reference to the Medical Act Amendment Bill.

Dr. APJOHN then moved—"That there be instituted a single examining board for the entire of the United Kingdom, and that all persons who shall have passed the examinations of this board, and can also produce a medical degree from a university, or a licence from a medical corporation, shall be entitled to registration, but no others." He said that, notwithstanding the object of the Medical Act was to enable the public to distinguish between competent and incompetent medical men, there were many persons on the Register without a sufficient qualification. It was supposed that the evil might be remedied by a conjoint board, but they had no experience to enable them to decide whether or not that remedy would be effectual. He thought that instead of having three boards for the three divisions of the kingdom, a single board would suffice. He could not imagine that such a board would pass any incompetent person. At the present time the various corporations, which existed by the fees they received, looked rather to their own interests than to those of the public.

Sir W. GULL, in seconding the motion, said it was impossible to avoid coming to the conclusion that the amendment introduced into the Medical Act by the Duke of Richmond was called for by the entire country. If there was one reason stronger than another why the constitution of the Council should be altered, it was to be found in the doubts that had been expressed in the Council whether or not there ought to be a single examining board in each division of the kingdom. If the members of the board were wholly free from their corporate interests so as to be able to discuss the question on its merits, they would all agree that there should be a single examining board for each division of the country.

Dr. A. WOOD pointed out that the motion was for a single board for the whole country.

Sir W. GULL said that in that case he had misunderstood it. A single board for the whole kingdom might be very desirable, but it was utterly impracticable.

Dr. A. SMITH said that, in order to raise the question, he would second Dr. Apjohn's motion.

Sir D. CORRIGAN moved the following amendment:—"That seeing that the Bill as it at present stands involves fundamental changes in the organisation of the profession, some of the most important of which were at the last moment, with scarcely any discussion, introduced into the Bill in the House of Lords; and seeing moreover that there is so much diversity of opinion amongst the profession as to the proper requirements in a Bill to amend the Medical Act (1858), that strong opposition has arisen in various quarters to the Government Bill, and that four other amending Medical Bills, with various provisions, have been introduced into the House of Commons; it seems expedient to defer legislation for the present, with the view of having all these Bills, and the whole question referred to a select committee of the House of Commons, with powers to take evidence." He thought the Council would agree with him that the haste with which some of the amendments had been introduced into the House of Lords and sent to the Commons was in no way creditable. He saw no force in the statement that it was very important to have legislation during the present year, and that a sudden crisis had arisen. He did not admit the existence of any such crisis, and there was no more reason for hurrying a Bill through now than there was in 1859. It would be rather an advantage to allow time to the profession and the public to consider the merits and the demerits of the Bill. The changes proposed were of the utmost importance, involving as they did the abolition of all privileges with regard to the medical profession connected with universities, colleges, and corporations, which it was proposed to destroy at one fell swoop. Under the Bill any man possessing a qualifying certificate could get himself registered at once, and become entitled to hold any public appointment, and that he considered to be highly objectionable. When the Government formerly adopted measures of reform they left the corporations and universities in possession of their ancient privileges, and established new licensing bodies. The present Bill could not be said to have been recommended by the Council, for it had never been before the Council. With regard to the alleged deficiencies in education and examination, it was a striking fact that the Council had never exercised the powers with which it was invested. It had visited the different medical licensing bodies, but it had never returned one of them on the ground of its deficiencies. With reference to the opinion said to be entertained by the public on the subject of legislation, there were no fewer than five Bills before the House, so that at least five different opinions were entertained upon the subject, and that was of itself a sufficient reason why there should be no hasty legislation. As to the statement of the President that during the last twenty years such men as Brodie, Green, and others, had been members of the Council, the same kind of argument was employed when the proposal was made to reform the House of Commons, and indeed it had been used to defend every abuse that had ever existed. He thought that the profession ought to be represented on the Council, and he knew of no subject that was so intimately connected with medical legislation as the constitution of the Council itself. There was one point on which the Council might have reported with advantage—namely, the employment of unqualified assistants in England. One could not take up a single number of THE LANCET without seeing numerous advertisements from unqualified assistants. Such advertisements did not state that the applicant was acquainted with the profession, but that he could "ride and drive well," that being considered a sufficient recommendation. It was not a matter of surprise that the Council had refrained from reporting examinations as insufficient, when it had overlooked such gross abuses for twenty years. One reason for delay in legislation was the diversity of opinion existing among the members of the Council. When the Bill was brought forward at the last sitting of the Council thirteen members voted in favour of Dr. Humphry's motion and ten against it. The majority included five Crown nominees, who were naturally under the influence of the Government, and to whose votes he therefore attached but little value. Excluding those votes, there were eight members for the Government Bill and ten against it. If the matter were referred to a select committee of the House of Commons all opinions could be represented, and a full inquiry would take place. The Council had not reported any of the bodies on the ground of insufficiency of education. A motion, indeed, had been brought forward some years ago to bring the Queen's University in Ireland before the Privy Council, but he had challenged the mover and seconder to proceed with it, and they shrank from doing so. The motion still remained on the records of the Council—a censure on those who proposed it, but certainly not on the Queen's University.

Dr. A. SMITH said it appeared from the notice-paper of the House of Commons that there were 187 petitions against the Government Bill, with 22,000 signatures.

Mr. SIMON thought that that was an inconvenient time to determine the question that had been raised. He would not say that it might not be desirable to refer the matter to a select committee of the House of Commons, but certainly he was not then disposed to take that course, for he thought by a little careful discussion they might come to something like a definite conclusion with regard to the Bill. The measure was not quite of the revolutionary character that had been suggested. It was supposed that the entire machinery of corporations was done away with by the Bill as it stood, but it would be found on a careful perusal that under Clause 17 one of the matters for which the conjoint scheme was to provide was the relations between the medical authorities represented on the board and the persons passing the examination. It was, no doubt, desirable that that should be more clearly expressed, and an effort had been made at the College of Surgeons to prepare a form of words that would remove all ambiguity.

Mr. MACNAMARA agreed with Mr. Simon that Sir D. Corrigan's proposal had been brought forward at an inopportune moment. He should feel it his duty to vote against it, although he might be prepared to vote for it in the course of the sittings of the Council. He certainly would prefer referring the Bill to a select committee than passing it as it stood, but he thought that the needful alterations might easily be made. If they were now to adopt Sir D. Corrigan's proposal it would be tantamount to saying that they abandoned all hope of carrying the Bill. There was much that was good in the Bill, and it would be a pity to lose it because it contained a few things that were objectionable.

Sir W. GULL said that if the Bill were deferred, and the

whole thing rendered nugatory, it would be simply disgraceful to the Council, and he hoped that Sir D. Corrigan's proposal would be negatived.

Dr. A. WOOD said he did not desire to adopt the *sic volo, sic jubeo* style of Sir W. Gull, but preferred to give his reasons for the opinions he held. At the last meeting of the Council he had endeavoured to show that the demand for medical reform was not so great as had been pretended. He had had the temerity to print his speech on the occasion, which had never been answered. It had been suggested that he and his friends were tinctured with corporate interests, but he utterly repudiated the suggestion, and maintained that he acted as conscientiously as any other member of the Council. He honestly believed that the Bill, as it stood, would have the effect of retarding the progress of the profession. He considered the previous Bill as a good Conservative measure by a Conservative Government, and he supported it accordingly. He had stated his opinion that the Conjoint system would lead them downwards to Avernus; but he thought that the introduction of the Marquis of Ripon's amendments would lead them to Avernus a little more quickly than he had anticipated. They had now to lament that *monstrum horrendum*, a revolutionary measure begotten by a Tory Government, a measure which at one fell swoop disfranchised the whole of the corporations and universities of the country, and deprived them of their licensing power. There had been no consistency of action in regard to the Government measure; and the different proposals that had been made showed the great divergency of opinion that existed. When the Bill was brought before the Council on the last occasion, he and nine other members had supported it; but shortly afterwards an amendment was introduced to the effect that the universities should be left to do as they liked, but that the corporations should be conjoined. The corporations did not like that kind of legislation, and in a few days another amendment was brought in, providing that the universities, as well as the corporations, should be conjoined. It was not till the 3rd of June that they were aware of the Marquis of Ripon's proposal to introduce his amendments. On receiving the information in Scotland, they immediately telegraphed to the Duke of Richmond to the effect that if the amendments were received there would be serious opposition in various quarters. Nevertheless, on the following day it appeared that the Bill was passed in the House of Lords with a very few words of discussion. Clauses were introduced into the Bill which entirely altered it from what the Medical Council had agreed to at its last meeting. There could, he thought, be very few members of the Council who would wish to see the Bill carried with the Marquis of Ripon's amendments. The amendments were accepted on the Monday, and brought up in the report of the committee on Tuesday, and on Thursday the Bill was read for the third time and sent to the House of Commons. He did not think the profession should be treated in that cavalier way by any Government. He was greatly surprised that the Bill should have been passed so hurriedly. Referring to the manner in which legislation was conducted, he instanced the most important Bill of Mr. Arthur Mills, which would have been read a second time at half-past one in the morning, but for the interference of Sir Thomas Acland or Sir Charles Dilke, who said it was too important a Bill to be passed hurriedly and without discussion. The consideration of the Bill was therefore adjourned until after the other Bills were brought forward. It could not, he maintained, be proved that the profession was going back under the Medical Act or that the corporations and universities were not doing their duty in regard to the licensing of general practitioners. He was aware that curious and most offensive statements had, from time to time, been made against Scotch diplomas and degrees; but all he could say in answer to the statement that these degrees and diplomas were granted leniently and upon low conditions in order to lure men to Scotland, was that it was absolutely false. They were only lured by the fact that there they were well taught and well tested. As a proof of this he referred to the fact that men held some of the highest positions in the country who held no other than Scotch qualifications, and that when England wanted to get the best teachers in its schools application was made to Scotland. Lately, Mr. Lister and Professor Duncan had been taken from them, and in former days Mr. Liston, and these were great losses, and an unsuccessful attempt had been made to take away Mr. Syme. If they grounded their reasons for accepting the amendments of the Bill upon Scotch leniency, they certainly grounded them upon a rotten foundation. In looking over their list he found that the proportion of their rejections was about 37 per cent.; and he would ask, if conjoint boards were introduced with the idea of diminishing leniency, whether they intended to raise the proportion of rejections above that amount? If so, both the country districts and the army and navy would not have enough medical practitioners. If legislation was necessary, there ought certainly to be a previous investigation. Previous to the Act of 1858 a select committee of the House of Commons was appointed, and evidence was taken and the matter carefully considered. If the corporations were not doing their work, the Medical Council had the means of bringing them before the Privy Council, but they had not done so, because they could not. The Council had sent inspectors to Scotland to visit and report upon the examinations, and their reports in regard to Scotch degrees and diplomas were as favourable as those of Ireland or England. Then there was another ground that led him to think that the matter could not now be proceeded with in the way proposed. He was not sure that they were in a position to legislate in regard to foreign and colonial degrees and diplomas. Since they had assembled they had had placed in their hands an extract from a French paper giving the details of a measure which provided that no British practitioner should be allowed to settle and practise in France unless he had a British qualification and also passed two examinations in France. This ought to be taken into consideration before it was resolved to admit colonial and foreign degrees to equal and even higher privileges than their own. They were bound to make inquiries in the colonies and abroad in order to ascertain exactly the conditions upon which British practitioners were allowed to practise there, and to ascertain whether some treaty might not be entered into between the countries by which an equitable arrangement might be come to. There was also a provision with regard to dentists, who, however, had brought in a Bill of their own, which had passed the Commons, and was now, he believed, in the House of Lords. Under all the circumstances, he hoped the Duke of Richmond would send the matter to a select committee, where a number of disinterested and impartial statesmen might hear the different statements made from the various bodies or individuals who chose to give evidence. If that were done, a Bill could be brought forward next session which would meet with general approval. He hoped, however, that no Government would bring in such a Bill as would cut at the root of the glorious institutions of which they were so proud. Notwithstanding leaders in the medical journals, which seemed to gloat over the fall of the corporations, he would urge the Council not to do anything that would sacrifice those institutions, that were peculiarly British, that had given them a certain amount of self-government, and had tended to uphold the character of the profession. For these reasons he supported the proposal that had been made by Sir D. Corrigan.

Dr. ROLLESTON said that the Bill ought to be called their Bill, and not the Duke of Richmond's, because they had asked for it, and had again and again sent in representations that they wanted it, and now it was proposed that they should execute that awkward strategic movement of turning their backs upon themselves. The Council had met at great expense to themselves, some at a great deal of inconvenience, and all of them at great expense to the profession, and they ought to address themselves to the little matters arising with reference to Clause 4. For himself, he should be willing to accept the words that had been suggested by the College of Surgeons. Clause 17, as had already been pointed out, secured the fees to the corporations, and it had been inserted by the special kindness of the Duke of Richmond, nothing of the kind having appeared in the first edition of the Bill. The corporations were certainly to be congratulated on having such disinterested advocates, and he hoped that after all the trouble that had been taken, they would not turn their backs upon themselves, and go away *re infecta*.

Sir JAMES PAGET said there was a notice on the programme stating that he intended to present to the Council copies of a memorandum made by a committee of the Royal College of Surgeons empowered to act in the name of the council. He should have to refer to the matter when the clauses of the Bill were considered; but he might be permitted to call attention to it at once, as it might lead the Council to consider whether it could not come to some agree-

ment by a sufficiently large majority to induce the Government to continue the Bill with certain changes made in it. Clause 17 permitted any scheme to be instituted which determined the relations between the persons passing the examination of the Conjoint Board and the board itself, and evidently under that clause a scheme might be so constructed as to require that all persons passing the examination should enrol themselves as members or licentiates of, or be in some way affiliated with, one or more of the bodies taking part in the scheme. Certainly the clause admitted of being so read. For some considerable time he was almost as apprehensive as Dr. A. Wood that the Bill would at one fell swoop abolish the privileges not only of the corporations but of all the authorities of the kingdom; but Mr. Simon had pointed out that it would not necessarily have any such effect. He admitted that it should be made somewhat clearer, and with that view it was proposed to add at the end of Clause 4, "provided, as regards the first case, that if the scheme of any joint board requires that any persons passing the examinations of the board, and not being graduates in medicine or surgery of any British university, shall become affiliated to any medical corporation or corporations concerned in the scheme, it shall be the duty of such corporation or corporations to affiliate, as the scheme requires, each such person on his application, and no such person shall be registered as a licentiate under the above enactment till he shall have been enrolled by the corporation or corporations." It occurred to him that there might be a certain loss of right, or of honour, or value, if the registration of diplomas were left to the authority of the Council to grant or not, or, as Dr. Wood had said, if the diplomas were registered only as honorary titles. But it was not necessarily so. Section 1 of Clause 8 stated that "the Medical Register under the Medical Act 1858 shall contain in one alphabetical list all United Kingdom practitioners, that is to say, all persons who are either registered at the commencement of this Act, or being entitled at the commencement of this Act to be registered are subsequently registered, and all persons who are registered in respect of qualifying certificates granted under this Act, or of diplomas granted after the commencement of this Act by the medical authorities of the United Kingdom." Section 2 of the same clause provides that the Register should "state the full names and addresses of the registered persons, the description and date of the qualifying certificates and medical diplomas in respect of which they are registered," so that a person who had obtained a qualifying certificate after examination by the Conjoint Board would thereby attain the right to be registered as a licentiate in medicine, surgery, and midwifery; and on affiliation he would also obtain the right to be registered at the same time with any one or more of the diplomas which he should acquire.

Dr. A. WOOD.—Without a higher examination?

Sir JAS. PAGET.—Without a higher examination. Under the clause he might be registered by any other title.

Mr. SIMON said he did not quite agree in the construction of the Bill as it stood.

Sir JAS. PAGET thought the alteration of a few words would make it quite clear. The process would be that each person when sending to the registrar evidence of his having obtained a qualifying certificate for the Conjoint Board, and of his affiliation with one or other of the bodies engaged in the construction of the examination, should then be registered by all the titles he had acquired.

Dr. A. WOOD asked, in the event of a feud between the universities and corporations, what the position of things would be.

Sir JAS. PAGET said that in case of a refusal to construct a scheme, the Medical Council would construct one for them. This was provided for by the Bill. He did not wish to bring his resolution forward then, but he thought it right to direct the attention of the Council to the subject with a view of showing that there was not so much danger attaching to the Bill as was apprehended by Sir D. Corrigan or Dr. Wood.

Dr. FERGUS was under the impression, but for the explanation of Sir James Paget, that the other portions of the Bill had not been altered in conformity with the third clause, and hence the discrepancies which seemed to exist between that clause and Clauses 8 and 17. The word "diplomas" was still retained in Clause 8.

Dr. A. WOOD said that Clause 8 appeared to refer to additional diplomas.

Dr. FERGUS said that under the Bill it was perfectly clear that no person could be registered unless he passed the Conjoint Board, or was a foreign or colonial practitioner, but it appeared from Clause 8 that diplomas were also to be registered. This he thought was a clerical error in the drawing of the Bill.

The PRESIDENT said it was evident that certain words had been interpolated. If the members of the Council would reduce their various suggestions to writing, they could be preserved and brought up for consideration when the proper time arrived.

Mr. SIMON called attention to the necessity of their being explicit in their recommendations.

In answer to Dr. Apjohn,

Sir JAS. PAGET said that the double qualification required by the Act would be obtained in the form of a licence in medicine, surgery, and midwifery, given to everyone who passed the joint examination. Under the scheme the several bodies engaged in the examination might require that every person passing should be affiliated with one or more of the bodies. If the person chose one he would nevertheless have his double qualification in his licence.

The PRESIDENT, in reply to some observations, said there was, no doubt, good reason for the supposition that the Bill had been hurried through the House of Lords; but what was the reason? The Duke of Richmond and those acting with him were desirous of bringing an intricate matter of legislation to a close, and were of opinion that if any Bill was to pass this session it should be introduced before Whitsuntide. Accordingly great pressure was exercised and great pains taken to get the amendment forward, and to get the Bill through before the House of Lords broke up. This, he thought, would take away the sting of the supposition that the Bill had been hastily carried through. It had no doubt been done quickly, but it was for the purpose of advancing the work.

In answer to Mr. TURNER,

The PRESIDENT said that as far as he could ascertain the Bill was not likely to come on for three weeks, so that there would be ample time to consider the proposed changes. At this period of the session, however, unless a reasonable amount of support were given, it would be very difficult to accomplish legislation.

Sir D. CORRIGAN did not think the excuse offered by the President was sufficient to justify the haste with which the Bill had been carried through without affording any opportunity of consulting the various medical authorities. The amendments introduced were of the utmost importance, because they tended utterly to destroy the functions and privileges of the corporations and licensing bodies. With regard to Clause 17 some difference of opinion seemed to prevail in the Council as to its intelligibility, and seeing such differences existed he thought the whole subject ought to be referred to a select committee of the House of Commons. Dr. Rolleston had said that only "little details" had to be dealt with, but he was of opinion that they were most important, and maintained that the rights and privileges of the bodies concerned ought not to be lightly and hurriedly dealt with. With regard to the money clause, he thought the corporations would be much better satisfied if they received the money which had supported them so long, than that it should pass into the hands of the Medical Council and afterwards be doled out. He should not feel disposed to trust the Medical Council with his money. As to the proposal that those who passed the State examination should be entitled to affiliate themselves to one or more of the licensing bodies, what were those bodies to gain by it? If the Medical Council were to regulate the matter he should object to his corporation being subject to its dictation. What object had a student in seeking a higher qualification when once he had gained a licence to practise which entitled him to hold any medical office under the Crown? There was certainly no inducement for him to pay anything more. In that way a wide line of separation was drawn between the corporation and the profession.

Sir D. Corrigan's amendment and Dr. Apjohn's motion were then put and lost.

The Council then resolved itself into committee to consider the new Bill.

Dr. QUAIN thought that the most businesslike course to pursue would be to consider whether the changes in the Bill were in accordance with the recommendations sent to the Lord President by the Council at its last meeting.

Mr. TURNER said that under the present Bill a difference of six months had been made as to the time when the Act was to come into operation. It had been shortened to June,

1879, so that there was less time in which to make their arrangements. In the previous Bill an extension of time was allowed, subject to the approval of the Privy Council, to July, 1880, but in the present Bill it was limited to December, 1879, so that if the Bill became law in August those parts of the kingdom which had not adopted a scheme would only have eight or nine months in which to prepare it, and he did not think it possible for them to do so in so limited a time. It was particularly hard that Scotland and Ireland should be called upon to do in a few months what England had taken as many years to do.

Mr. SIMON observed that Scotland had the same time as England.

Mr. SIMON said it had not yet begun to frame a scheme.

Sir W. GULL: You have our road to travel upon.

Mr. TURNER remarked that that road would not be paved with a material that suited them. He thought that Scotland and Ireland were not asking too much in requesting an extension of time. Another question that ought to be taken into consideration was the relation of existing students to the scheme if it came to be adopted. They had commenced study with certain definite objects, but by the introduction of the Conjoint Board Scheme a new element was introduced into their calculations. He suggested that a proviso should be inserted in the Bill to guard the vested interests of the students.

Dr. QUAIN pointed out that the English scheme did not affect students who had commenced their studies before the scheme was announced.

Mr. SIMON, in reference to Mr. Turner's proposal, said that a few additional words in Clause 13 would suffice.

Mr. TURNER was quite content, if the members were satisfied that the Bill, as it stood, covered the case of the students, but he had thought the matter should not be allowed to pass without comment. As to the extension of time for the corporations, he should like to hear what other members, especially his own colleagues, had to say upon the subject.

Dr. A. WOOD said it would be more difficult to bring the representatives together in Scotland to prepare a scheme than it was in England. He hoped that Scotland would not be obliged to adopt a scheme; but if it were rendered compulsory the least they could ask was additional time.

Mr. SIMON said that the minimum time would be till the end of next June, and on cause shown the Privy Council would give an additional six months, which he thought was surely sufficient time to prepare a scheme.

Dr. WOOD.—If you are going to tyrannise over us we will obstruct you in every way we can.

Mr. MACNAMARA thought that Ireland would not object to the clause remaining as it was in the amended Bill. As far as his own body was concerned, it was prepared to carry out the details of the scheme within the terms of the Act. If, however, Scotland was desirous of an extension of time for six months, he should vote for it.

Dr. STORRAR thought that the conjoint system in Scotland or Ireland should not be allowed to lag six or twelve months behind its establishment in England. The system should be brought into operation as nearly as possible in the three kingdoms at the same time.

Sir JAMES PAGET seconded the proposition for six months additional.

The motion was carried.

Sir WILLIAM GULL observed that they had now in principle accepted the Conjoint Scheme. (Laughter, and "No, no.") He did not see how they could say that this should not come into operation till six months later, and then say that they did not want it at all. It was a contradiction.

Mr. TURNER said that when the report of the committee came up for approval by the Council he should move the insertion of these words, "Provided such a Conjoint Scheme is to come into operation at all."

The Council then adjourned.

SATURDAY, JUNE 29TH.

The Council met at two o'clock, Dr. Acland in the chair, and at once went into committee on the Government Bill.

Sir JAMES PAGET brought forward the following proposed addition to Clause 4, at p. 2, line 38:—"Provided, as regards the first case, that, if the scheme of any joint board requires that any persons passing the examinations of the board, and not being graduates in medicine or surgery of any university in the United Kingdom, shall become affiliated to any medical corporation or corporations concerned in the scheme, it shall be the duty of such corporation or corporations to affiliate, as the scheme requires, each such person on his application, and a person so required to be affiliated shall not be registered as a licentiate under the above enactment till he shall have been affiliated by the corporation or corporations." He said he proposed the addition with a view of rendering the Act more clear in reference to the position of the corporations with whose privileges there was no desire to interfere. Lord Ripon had expressly declared that he was most desirous that nothing should be done to affect in any serious degree the rights or privileges of any of the medical authorities in the kingdom.

Mr. TURNER.—What meaning was attached to the word "affiliation"?

Mr. SIMON said it was intended to cover the case of membership, licentiateship, &c. According to the English scheme, everyone who passed the examination was entitled to be a licentiate of the College of Physicians, a member of the College of Surgeons, or a licentiate of the Society of Apothecaries.

Sir D. CORRIGAN thought it monstrous to give to any body the power of compelling a student to be affiliated to a corporation. The proposal before the Council would bring all the corporations on the same level, which he thought highly objectionable.

Dr. HUMPHRY thought it extremely desirable that the present relations between the profession and the corporation should, as far as possible, be retained. He would rather return to the Bill as it was before the introduction of the Marquis of Ripon's amendment than pass it as it now stood. There should be some definite provision for the entry of university degrees on the Register; the matter ought not to be left optional.

Dr. A. WOOD said that a feeling of horror had arisen among medical practitioners in Scotland at the idea of the Marquis of Ripon's amendments. Many of them had become reconciled to a conjoint board and to the registration of the licences and degrees of existing bodies, but they were wholly opposed to a Bill which took from the universities and corporations their licensing powers.

Dr. ROLLESTON said that the Scotch members did not appear to have grasped the principle of the English Conjoint Scheme, by which the different bodies, for the public good, gave up their right to examine and license independently. He thought that Sir J. Paget's proposal would preserve the rights of the corporations without violating the susceptibilities of Parliament.

Sir D. CORRIGAN said that the sacrifice to be made by the universities was very slight compared with that required from the corporations; the latter counted their licentiates by hundreds, but in the last return for the University of Oxford there was only one M.D. graduate.

Mr. TURNER objected to taking any step which would lead to the supposition that the Council approved of the Marquis of Ripon's amendments.

Sir W. GULL said that the Duke of Richmond had told him that he would be no party to any legislation which would exclude women from practice; and all the corporations had declared that they would not admit women. They were like the dog in the manger: they would not allow women to come into the corporations, and would not allow men to be registered upon the conjoint examination.

Mr. SIMON thought that time had been unnecessarily spent in considering the question whether the corporations should get their diplomas on the Register, which was really an insignificant matter. The great principle, which the Council had already affirmed, was that the corporations should become licensers conjointly instead of separately. It was absurd to propose that all the contributory bodies should be mentioned in a man's licence. But to say that under the Act the different bodies were to be ignored or superseded was preposterous, and those who said so must be suffering from some kind of nightmare. There might be some obscurity in the Bill, but there was no disfranchisement, except such as every conjoint scheme must involve.

Dr. HUMPHRY said if it was desired that persons passing the examination should be connected with the authorities it should be so stated in the Bill, not by the indefinite word "affiliation," but in a way that would remove all ambiguity.

Sir JAMES PAGET believed that the words proposed clearly showed the right of all who passed the conjoint examination to be affiliated with one of the corporations or universities. Registration of membership of a corporation was only second

in importance to that which was essential to give a right to practise.

Dr. QUAIN believed that the Council was pretty unanimous in favour of the English scheme. With regard to women, it had been stated that in Dublin a woman had sounded a man for stone in public at the College of Physicians.

Dr. A. SMITH said it was not at the College of Physicians, but at a hospital.

Sir WM. GULL thought there was no more infamy in a woman sounding a man that in a man sounding a woman.

Dr. QUAIN said that a woman who did such an act did not degrade herself so much as her sex, of which she was a representative. If such things were mentioned in the House of Commons, he believed that any proposition to admit women to the medical profession would be rejected. The Duke of Richmond and his powerful Government would never allow the feelings and wishes of a few women to influence them on such a question.

Dr. A. SMITH thought that Sir James Paget's proposal was merely an indirect way of obtaining the sanction of the Council to Lord Ripon's amendments. A good deal of complication would arise by contending for the necessity of registering degrees obtained by affiliation.

Mr. MACNAMARA thought that Sir James Paget's proposal was the only way out of the women difficulty. A woman on passing the Conjoint Board might apply to the College of Surgeons or the College of Physicians for their diplomas. Their reply would probably be that they would rather burn down their colleges than give licences to women. The woman would then say—"Well, I have a qualifying certificate, and I will get put on the Register by means of that." Amongst the female population there was the greatest horror of the idea of women becoming doctors. With regard to the men, if the corporations did not give them a licence, they would have no right to charge them anything more than the mere expense of the examination.

Sir D. CORRIGAN thought the best course would be to admit women to all the privileges and examinations open to men, and thus remove their only grievance. The Pharmaceutical Society of Ireland had, at the urgent request of many persons, passed a resolution to admit women to its examinations; but no woman had ever presented herself.

Dr. PITMAN said that if the different bodies had been content to admit women to their licences the present difficulty would never have arisen. If the State required women to be licensed, the corporations ought not to refuse. He thought that all persons, male or female, on passing the examination of the Conjoint Board, should be allowed to take the lowest grade of qualification of the particular bodies with which they were required to be affiliated. He could see no reason, however, for registering a mere document of enrolment, which gave no evidence of any higher examination than that of the Conjoint Board. Provision was made in the Bill for registering all higher qualifications. To enrol or affiliate persons with corporate bodies, and enter them upon the Register without special examination, would tend to deceive the public, and the Council ought not to be a party to it.

Dr. FERGUS said he did not see how Clause 3 could be reconciled with the proposed amendment of Clause 4.

Sir JAMES PAGET thought there was no discrepancy between the two clauses, Clause 3 not naming all the conditions required for registration.

Sir WM. GULL said that medicine could never advance in the kingdom if any scheme were adopted which would diminish their importance. Their object should be to advance the corporations, but he doubted whether Sir James Paget's suggestion would have that effect. It would be wiser to register only the qualifying certificate, allowing the corporations and universities to bestow their higher titles.

Mr. TURNER handed in a motion proposed by Dr. Humphry, and seconded by himself, which he thought should be discussed before Sir James Paget's proviso—namely: "That the Council cannot approve the alterations with reference to registration in Clauses 3 and 4 which were introduced in the House of Lords as the Bill passed through committee on recommitment—viz.: 'That a person can be registered upon obtaining a qualifying certificate without obtaining a diploma from a medical authority,' and 'That the only registration title is to be licentiate in medicine, surgery, and midwifery.'"

Some discussion then followed as to whether Dr. Humphry could bring forward his proposal as an amendment. Ultimately Dr. A. Wood adopted the proposal and moved it as an amendment to Sir James Paget's resolution.

The Council then resumed, and, after a short conversation with reference to the Dental Practitioners Bill, adjourned.

MONDAY, JULY 1ST.

At the meeting of the Council to-day,

Sir JAMES PAGET inquired of the President, if the Bill passed in its present form, by what title or titles those who passed a conjoint examination would be registered.

The PRESIDENT replied that persons passing the Conjoint Board under the Bill would be registered as licentiates in medicine, surgery, and midwifery, and that no diplomas would be entered unless they were such as appeared to the Council to be granted after examination by any of the medical authorities in respect of a higher degree of knowledge than was required to obtain a qualifying certificate under the Bill.

Dr. A. WOOD then proposed the motion of which he had given notice, expressing the disapproval of the Council of the amendments introduced into the Bill with regard to registration. He protested against the amendments as tending to disfranchise the corporations, and as being wholly at variance with previous resolutions of the Council, and with the general feeling of the profession. He said that his father, grandfather, and great-grandfather were general medical practitioners, and that he had a son who would pursue the same calling; and he was, as the representative of five generations, desirous to preserve the profession in the state in which it had been handed down to him, which he contended it would not be if the corporations were deprived of their ancient privileges.

Mr. TURNER, in seconding the motion, maintained that the amendments in the Bill would seriously interfere with the rights of the corporations, and ought on that account to be rejected.

Sir W. GULL contended that neither the profession nor the corporations would be injured by the Bill, and that a practitioner would gain no benefit by the registration of his college diplomas.

Mr. SIMON said that the Council had already approved of the system of conjoint examination, which involved a uniform conjoint title. Dr. Wood's objection was an anachronism, and belonged to years or months past. The meaning of a conjoint scheme was that each university or corporation gave up the right and privilege of granting a separate minimum qualification, and merged it into the right of taking part in conferring a conjoint qualification. A licence granted by the Conjoint Board was a licence from all the universities and corporations taking part in it, and the Council had already expressed its approval of that view of the case. Mr. Simon concluded by moving the following amendment to Dr. Wood's motion:—"That the alterations with reference to registration in Clauses 3 and 4, introduced in the House of Lords as the Bill passed through committee on recommitment, as consequential on the acceptance of the joint board system, require to be considered in connexion with those provisions in Clause 17 which are intended to maintain the rights and privileges of existing authorities, and to provide (by affiliation arrangements) for the proper professional influence of the corporations; and that the Council now resolve itself again into committee, and proceed to consider what (if any) amendments are required in those parts of the Bill for the purpose of showing more clearly the connexion between them, or for other purposes."

Sir W. GULL seconded the amendment.

Mr. MACNAMARA said that the objection to conjoint titles was very different from the objection to conjoint examinations. Until the explanation had been given by the President, he had believed that the proposed conjoint examination would proceed on the lines of the English scheme, and that the certificates of the different bodies would be allowed to be registered. He had quite understood that it would be open to them to make arrangements so that no person could get on the Register who was not affiliated to a corporate body. To that view his own College had loyally agreed, but it could not support any scheme that would enable a person passing the Conjoint Board to be registered simply by the certificate of that Board. He could support Mr. Simon's amendment or the rider proposed by Sir James Paget if it were understood that the matter should be conducted as in the English scheme. He did not object to conjoint schemes, but he thought that the proposed conjoint

title would be a miserable substitute for the qualifications hitherto registered. He protested against selfish interests being attributed to the corporations, who had done their duty faithfully to the profession and the public. It was now for the first time that he understood the true state of affairs.

Dr. STORRAR said that the alterations had been made in the Bill because the corporations had refused to admit women. Sooner or later they would have to admit them, whether they liked it or not. He was still of opinion that the medical profession was not suitable for women, and that very few women doctors would be patronised by the public; still public opinion was in favour of their admission, and it was useless to set their faces against it. He had put a notice of motion on the programme on the subject, in which he expressed his opinion as emphatically as he could state it —"That it is necessary" (he did not say desirable, or even expedient) "in any fresh legislation to provide for the admission of women to the profession on the same legal footing as men except in regard to their admission to the governing bodies of the medical authorities."

Dr. QUAIN said the real question before the Council was whether the bodies that had for centuries exercised the power of licensing their members should be deprived of their rights. He maintained that no qualifying Conjoint Scheme would ever stand in the distinguished place which the corporations and universities had held. He was surprised to find any Government willing to sacrifice objects so important for the sake of a few ladies. If the Bill were restored to its former state, it would be possible, even by a special Act of Parliament if necessary, to give women an examination equal to that of men, and to place them on a register of their own. He denied, however, that there was any strong public feeling in favour of their admission to the profession.

Dr. PITMAN said that there was a great principle at stake, and if they trifled with it they would lose the opportunity of legislating at all. The corporations were unanimous in being unwilling to give up their right to grant licences and diplomas in order to conform to Mr. Simon's proposal; and it was certainly desirable to adopt a method which would meet with the consent of all parties.

Dr. HUMPHRY could not approve of the alterations made in the Bill. A great principle was at stake, not merely whether the corporations wished to be treated in the manner proposed, but whether it was wise, on professional grounds, to pass a measure that would effect a legal severance between the medical authorities and the members of the profession. He would rather that the Bill should pass in its present shape than not at all, but he thought that the members of the profession should be united together by means of the several authorities, and that that connexion should be clearly expressed in the Bill.

Sir J. PAGET said he had certainly understood that the process of affiliation would be accomplished by granting the diploma of his college to each person passing the joint examination, and that that diploma would itself be registered. That was also the opinion of the other members of the committee of the College. The system of conjoint examinations had had its origin at a meeting of the members of the College some years ago, but when the principle was adopted, it was distinctly understood that the rights of corporations should be interfered with as little as possible. He protested against any depreciation of the title of membership of the College of Surgeons, such as he feared would be effected if only the conjoint title were to be registered. A holder of that title might maintain that it was superior to the other, as being granted after an examination by a larger number of bodies, including the universities themselves. The College of Surgeons would not be justified in accepting a Bill that would cast such a stigma upon it. The medical corporations had well earned and judiciously spent the money they had received. The profession would have been of very little repute but for the work which those bodies had accomplished. If the Bill were passed as it stood, the members who passed their examination would have nothing for their thirty guineas beyond the examination itself, the cost of which was only fifteen guineas. The corporations had already given up a great deal, and it was too much to ask them to abandon still more. He would vehemently oppose any scheme which would lead to the abolition of the rights possessed by the corporations, and nothing would have induced him to propose the resolution he had brought forward unless he had supposed that those rights would be maintained.

After a few remarks from Sir D. CORRIGAN, the amendment was put and negatived, three members voting in its favour. Dr. Wood's motion was then put and carried.

The Council then resolved itself into committee to resume the consideration of Sir James Paget's motion.

Dr. HUMPHRY proposed as a rider, "And that it be further provided that the diploma or diplomas by which any person is so affiliated shall be entered on the Register, and that the degrees in medicine and surgery granted by the universities to persons who have obtained qualifying certificates from a board, shall be entered on the Register."

A long discussion ensued as to whether the motion and the rider should be considered separately or together.

It was ultimately decided to take them separately.

Mr. TURNER moved, as an amendment to the motion, at the end of Clause 4, p. 2, line 38, to add the following words:—"Provided, as regards the first case, that the possession of a diploma to be obtained from one or other of the licensing bodies specified in Schedule A of the Medical Act, 1858, shall be a necessary condition for registration under the Amended Act, and that this diploma shall be a registrable qualification. Further: That power shall be given to those authorities who may decide to grant diplomas to women to constitute a new diploma which, for purposes of registration, shall be regarded as on the same footing as one of the diplomas specified in Schedule A to the Medical Act." That amendment would bring them back to the Bill as it was on the 24th May last. The motion contained an expression which seemed to him to place graduates of a university in a somewhat difficult position. There was no provision to enable them to affiliate themselves to corporations if they wished to do so. He wanted to preserve the registrable value of university degrees as well as the registrable value of corporation diplomas, and at the same time to permit graduates, if they wished to do so, to get diplomas.

Mr. MACNAMARA seconded the amendment.

Dr. HUMPHRY said he should be prepared to move as an amendment, "It shall be provided that any person who has passed the examination of the board, not being a graduate of medicine or surgery of a university in the United Kingdom, unless such graduate shall apply for it, shall receive a diploma or diplomas from one or more of the corporations combining in the scheme.' He wanted to make it quite certain that a person who passed the Conjoint Board examination could obtain a diploma.

Sir JAMES PAGET said the Government had determined that in some form or other women should be admitted to the Register, but the amendment left it open to the corporations to say whether or not they would admit them.

Dr. A. SMITH objected to the creation of a new form of diploma. The proper course for the Council to follow was to say at once that every corporation in the kingdom should be obliged to admit women.

On being put to the vote, Mr. Turner's amendment was negatived by 16 to 6.

Dr. ROLLESTON gave notice of his intention to move as an amendment, "In Clause 19, sub-sections 1 and 2, for the words from line 4 to 8 inclusive, to substitute the following words, 'Any woman who shall have passed the examinations of the Conjoint Board shall have the right to claim a diploma of any one or more of the co-operating authorities, but.'"

The Council then resumed.

The following letter was read:—

"Office of the Parliamentary Counsel, 13, Queen Anne's-gate, Westminster, 1st July, 1878.

"Dear Dr. Acland,—The amendments which are about to be made in the Dental Practitioners Bill in the House of Lords are proposed by the Government for the purpose of bringing the Bill into conformity with the Government Medical Bill, so as to place the dentists in the same position as they would be in if the Government Bill passed with the dentists clause in it, the principles of which have been approved by the General Medical Council.

"The chief points of the amendments are as follow:—Penalties are imposed on a person taking a title he does not possess. The right of prosecution for taking the name of 'dentist' is restricted in the same manner as in the Medical Bill. A provision for the registration of colonial and foreign practitioners similar to that in the Medical Bill is inserted. The system of registration with local registrars as well as a central registrar, and the provisions for erasing a name from and restoring a name to the Register, are assimilated to those of the Medical Bill. Power is given to the Privy Council, on the representation of the Medical Council, to prohibit an authority requiring the adoption of any particular

theory. Provision is made for the examinations being under a joint board when established. Words respecting the application of the fees for public purposes, museums, &c., similar to those in the Medical Bill, are inserted.

(Signed) "H. JENKYNS."

The PRESIDENT said he had been requested by the President of the Royal College of Physicians to invite the members of the Council to a conversazione on Wednesday.

A letter was also read from Dr. Waters, of Chester, stating that at the annual meeting of the Lancashire and Cheshire branch of the British Medical Association, held at Blackpool, on the 28th June, it was unanimously resolved to petition the House of Commons in favour of the Bill introduced by Mr. Arthur Mills, Mr. Childers, and Mr. Goldney, because in addition to providing for the establishment of conjoint boards of examination, it also provided for the direct representation of the profession in the General Medical Council.

The Council then adjourned.

TUESDAY, JULY 2ND.

The Council resumed its sitting at 2 o'clock.

On the motion of Mr. Macnamara, seconded by Dr. Andrew Wood, the Council resolved itself into a committee for the further consideration of the Medical Acts Amendment Bill.

Dr. HUMPHRY moved an amendment on the following resolution that had been proposed on the previous day:—"That no person can be registered upon obtaining a qualifying certificate without obtaining a diploma from a medical authority." The word "person," he need scarcely say, applied to all, and he therefore thought the motion of Sir James Paget, at the suggestion of the committee of the College of Surgeons, was out of place, and not in accord with the resolution. If it was desirable that no person should be registered without a diploma, it was essential that care should be taken that every person who had passed the examination should have a diploma. It was therefore on that ground that he moved the following amendment:—"It shall be provided that any person who has passed the examination of the Board, not being a graduate of medicine or surgery of a university in the United Kingdom, unless such graduate shall apply for it, shall receive a diploma or diplomas from one or more of the corporations combining in the scheme."

Mr. TEALE seconded the amendment, which was put and carried, and it was afterwards agreed to as a substantive motion.

Dr. PITMAN moved—"In Clause 3, line 18, after 'has obtained,' to leave out the words to 'midwifery,' inclusive, in line 22, and to substitute the following words:—'From one or more of the medical authorities uniting to frame a scheme for conducting examinations by a medical board under this Act, a medical degree, diploma, or licence granted after examination by such medical board.'" He said his motion was simply intended to replace what had been removed, and provided for the registration of those diplomas which were to be obtained under the Conjoint Board system. It would simply enable them to do what was affirmed by Dr. Wood's motion—namely, to register the diplomas. A person might obtain a degree from a university when he had not passed the Conjoint Board, and he might go abroad for a series of years and return to this country and claim to be put upon the Register under another class, and, therefore, he could not get on the Register, not having passed the common portal. The object of conjoint examinations was that every person should pass an examination through the common portal, and if the universities granted degrees to persons who had passed the common portal, and who were registered under the Act, and also granted their degrees to those who had not passed the common portal, and were not registered under the Act, great confusion would arise in the minds of those who regarded the medical degrees as medical titles. He thought the object of the Council should be to bring all the different schemes into unison.

Dr. ROLLESTON seconded the resolution.

After some discussion, in which several members of the Council expressed their opinion that the motion was not necessary, Dr. Pitman agree to withdraw it.

It was then moved by Dr. HUMPHRY, seconded by Dr. ROLLESTON, and agreed to:—"That the following words be added to the foregoing resolution:—'And that it be further provided that the diploma or diplomas so granted shall be entered in the Register, and that the degrees in medicine and surgery granted by the universities to persons who have obtained qualifying certificates from a board shall be entered in the Register.'"

Dr. ROLLESTON moved:—"In Clause 19, sub-sections 1 and 2, for the words from lines 4 to 9 inclusive, to substitute the following words:—'Any woman who shall have passed the examinations of the Conjoint Board shall have the right to obtain a diploma of any one or more of the co-operating corporations, but.'"

Sir WM. GULL seconded the motion because, he said, it would not force the corporations to do what they did not wish. If women must be admitted into the profession, it was the opinion, he believed, both of the public and the Council, that they should be brought into relationship with the corporations, in order that they might be assisted, directed, and controlled in their professional duties.

Dr. QUAIN pointed out that the course pursued by Dr. Rolleston and Sir Wm. Gull on the present occasion was totally at variance with their conduct in relation to the same matter at a previous meeting of Council in April.

Sir WM. GULL repudiated the idea of having changed his tactics. He had always held that women ought to be educated and examined by the board, but that when they came into the profession they should be under good management.

Dr. ROLLESTON denied having changed his mind in any one particular. Since April the Legislature had shown themselves determined to admit women without having to knock at the doors of the corporations, and the Marquis of Ripon's clause had been put in simply because the claim for women had been so strong.

Dr. A. WOOD referred to the hurried way in which the Bill had been passed in the Lords, and predicted for it more justice in the Commons. He repeated the opinion he had so often expressed and in which he believed the majority of the Council coincided, and warned them against encouraging a movement which in their hearts they did not approve.

Sir JAMES PAGET said they must take things as they now stood, and that the matter should now be allowed to take its course.

After some further discussion the motion was carried by a majority of 10 to 5.

Mr. TURNER said if Lord Ripon's amendments remained in the Bill the clauses bearing on the registration of foreign and colonial practitioners would require considerable alteration; otherwise such practitioners might come to this country, and claim at once to be placed on the Register.

Dr. WOOD proposed that Clauses 5, 6, and 7, should be referred to a committee.

This was agreed to, and Mr. Simon, Dr. Wood, Mr. Turner, and Dr. Pitman were appointed as the committee.

On the motion of Mr. Macnamara, a committee was also appointed to consider and report on the subject of imperial and local registration.

Sir J. PAGET moved: "In Clause 8, sub-clause 7, page 4, line 42, after 'this Act' to insert 'or which the Council sees fit to accept as testimonials of special distinction recognised by the medical authority which grants them.'" The College of Surgeons, he said, had power to elect every year as fellows members who had greatly distinguished themselves, and he thought it was very desirable that the Council should have power to register such special diplomas or testimonials.

Dr. PITMAN seconded the motion. The College of Physicians had long considered that examination was not the fittest test for fellowship. It was far better that men should be selected who were distinguished by their attainments, discoveries, and general position.

The motion was agreed to.

Mr. TURNER said the Bill left it to the General Medical Council to decide whether these special testimonials should be put on the Register; but with regard to the framing of the examination rules and the construction of the board there was an appeal to the Privy Council.

After a short discussion, it was agreed "That a right of appeal to the Privy Council should be granted to the medical authorities in the event of the General Medical Council refusing to register an additional diploma or testimonial of distinction granted by one of these authorities."

On the motion of Mr. SIMON, seconded by Sir JAMES PAGET, the two following resolutions were agreed to:—

"In Clause 13, page 7, line 20, to omit the words 'superintendence of the'; after the word 'like,' in line 23, to add the words 'and further'; and for the words 'qualifying cer-

tificates,' in lines 24 and 25, to substitute the word 'qualifications'; so that the whole preamble read as follows: 13. Whereas, under the Medical Act, 1858, the General Medical Council has certain duties as regards the examinations to be gone through in order to obtain qualifications for registration from the medical authorities, and it is expedient to give to that Council powers for the performance of the like and further duties in the case of medical boards, in order that the qualifications may be granted on the like terms in all cases: Be it therefore enacted as follows:"

"In Clause 13, sub-clause 1, page 7, line 27, after 'The' to insert 'medical authorities of each part of the United Kingdom, or, if their scheme so provide, the medical board acting on their behalf, subject to the approval of the'; after 'shall' to insert 'frame, and may'; after 'time to time' to omit the words from 'cause' to 'may' (in next line) inclusive; and in line 33 to omit 'superintendence' and substitute 'supervision'; so that the whole sub-clause read as follows: '1. The medical authorities of each part of the United Kingdom, or, if their scheme so provide, the medical board acting on their behalf, subject to the approval of the General Medical Council, shall frame, and may from time to time revoke, alter, and add to rules (in this Act referred to as examination rules) for regulating the examinations of persons desiring to obtain a qualifying certificate under this Act, and determining the subjects thereof, and the standard for passing and the method of conducting the same, and providing for the supervision thereof by such Council, and the presence thereat of members of such Council.'"

Mr. MACNAMARA proposed to alter sub-section 2, Clause 13, so as to make it read: "The Examination rules shall not require a candidate to pledge himself after passing such examination to adopt or refrain from adopting the practice, of any particular theory of medicine or surgery."

The motion was not seconded, and therefore fell through.

Mr. TURNER, referring to Section 3, Clause 13, asked if students entered before January 1st, 1879, would be required to pass the examinations of the Conjoint Board before they could be registered. Those students had what might be called existing interests. They had entered the profession when admission to the Register was in a different way from what it would be under the new Act. He therefore thought that they should be allowed to continue their studies, and not be subject to the operation of the Act.

The Council then agreed to the following resolution, which was proposed by Mr. TURNER, and seconded by Mr. SIMON:—"In Clause 13, sub-clause 3, page 7, line 40, after the word 'examinations,' to insert 'and make regulations in favour of medical students who shall have commenced their professional studies before the passing of this Act'"; so that the whole sub-clause read as follows:—"(3) The examination rules shall determine the conditions of admission of candidates to the examinations, and of medical students who shall have commenced their professional studies before the passing of this Act, and shall provide for the admission thereto on special terms of persons who have obtained medical diplomas in or studied in any British possession or foreign country, or have passed other examinations."

It was also proposed by Mr. SIMON and seconded by Mr. TURNER:—"In Clause 13, sub-clause 4, page 8, line 2, to omit words after 'examinations' to end of sub-clause, and substitute 'may make such distinctions (if any) as shall be judged proper between the cases of men and women, so, however, that the examinations of men and women be in all general respects equal'"; so that the whole sub-clause read as follows:—"(4) The examination rules shall provide for the admission of women to the examinations, and may make such distinctions (if any) as shall be judged proper between the cases of men and women, so, however, that the examinations of men and women be in all general respects equal."

Dr. PITMAN thought it better that the clause should simply be—"The examination rules shall provide for the admission of women to the examinations." If words were introduced for the purpose of enlarging the powers of the examiners, they might ultimately have the effect of limiting those powers.

Mr. TURNER said it was quite possible that an examiner, not having much discretion, might put questions which the examinee might regard as extremely repugnant, and therefore the examinees as well as the examiners should be considered.

The motion was then agreed to.

The following resolution was proposed by Mr. SIMON, seconded by Mr. TURNER, and carried:—"In Clause 14, page 8, lines 35 and 36, to omit the words 'practise medicine and surgery,' and substitute 'obtain qualifications under this Act'"; so that the paragraph read as follows:—"The medical authorities of each part of the United Kingdom shall, as soon as may be, frame, with the sanction of the General Medical Council, a scheme for appointing persons to examine on behalf of all those authorities persons who desire to obtain qualifications, and such scheme, when confirmed, as hereinafter mentioned, shall, so far as is consistent with the other provisions of this Act, have full effect, and the persons in whom the nomination of the examiners is vested by the scheme are in this Act referred to as a medical board."

After a few words from Mr. Turner, it was also agreed:—"In Clause 14, page 8, line 42, to omit 'passing,' and substitute 'commencement'"; so that the paragraph read as follows:—"Where the medical authorities of any part of the United Kingdom have before the commencement of this Act agreed, with the sanction of the General Medical Council and the approval of the Privy Council, upon any such scheme as aforesaid, that scheme is hereby confirmed, and shall come into operation at the commencement of this Act without any further confirmation."

The Council then resumed and adjourned.

WEDNESDAY, JULY 3RD.

At the meeting of the Council to-day, the PRESIDENT, in reply to a question by Mr. Simon, said he had received a letter from the parliamentary draughtsman of the Government Bill to the effect that as one of the duties of the Committee of Reference in the English Conjoint Scheme was to nominate the examiners for appointment by the medical authorities therein mentioned, the committee would be a "medical board" under the Bill.

After some conversation on the subject, in the course of which Mr. SIMON expressed an opinion that the words of the Bill relating to it were somewhat ambiguous,

Dr. A. SMITH proposed the following amendment on Clause 21, sub-clause 2, line 1 of the Bill:—"That after the word 'gain' the following words be introduced: 'On his own accord or as the paid or hired assistant of a registered practitioner for the gain of his employer.'" He said the Bill was defective in not providing for any punishment for unqualified persons practising the profession. There were registered practitioners in England who kept as many as three unqualified assistants; and some effort should be made to correct an abuse of that kind.

Dr. PETTIGREW seconded the motion.

Sir JAS. PAGET and Dr. A. WOOD pointed out that the penalty was not for practising, but for improperly assuming a medical title.

Sir W. GULL said that almost everyone now-a-days was an amateur doctor.

Mr. SIMON suggested that an assistant fell within the clause of the Act, his salary being the "gain" for which he practised.

The motion was then put to the Council, and rejected by a large majority.

Dr. STORRAR withdrew a motion of which he had given notice with reference to the admission of women to the profession, on the ground that it had been anticipated by the action of the Council on the previous day.

Dr. PYLE then proposed the following resolution:—"That as a mode of granting a larger representation of the profession in the General Medical Council, every graduate of a university, or licentiate or member of any corporation, shall have the privilege of voting for the representation of the university or corporation of which he is a graduate, member, or licentiate." He said that many members of medical corporations felt it an injustice to be debarred from voting for the representatives of those bodies on the Medical Council, and that his motion was intended to remedy the grievance. He suggested that where a person possessed qualifications in connexion with several bodies, he should select the particular body in respect of which he desired to vote, but the additional votes might be given in respect of the higher degrees of the universities.

Dr. LEET, in the absence of Dr. Hudson, seconded the motion.

After some conversation the consideration of the question was adjourned in order to enable Mr. BRADFORD to bring forward a motion of which he had given notice respecting

the Society of Apothecaries—viz.: "On consideration of Clause 33 of the Bill, as brought in from the Lords, to move that in the 3rd Schedule therein referred to, the repeal of the Apothecaries Act, 55 Geo. III., cap. 194, should take place only to the extent set forth in the Bill as printed on the 17th March, 1878, omitting the words since added." Mr. Bradford explained that, in the opinion of the Society of Apothecaries, the Government Bill, by repealing portions of the Act of 1815, left the position of the Society, in regard to some of its powers, uncertain and unintelligible; and asked that some steps might be taken to remedy that inconvenience. After a short discussion, Mr. Bradford, at the suggestion of Dr. Pitman, withdrew his motion, and substituted another to the effect that the attention of the draughtsman be called to the point raised by the Society, and this was adopted by the Council.

The discussion on Dr. Pyle's motion was then resumed.

Mr. SIMON said he had great doubt whether the subject could be usefully or conveniently discussed by the Council, unless at the express invitation or desire of the Goverment, and expressed his belief that such a discussion would have the effect of postponing the Government Bill. He then moved the following amendment:—"That it be respectfully submitted to the Lord President, as the opinion of this Council, that in the event of the Medical Bill becoming law in the present session of Parliament, it will be desirable that, as soon as then may be, the question of the constitution of this Council be thoroughly considered by Her Majesty's Government with reference to the new state of the law, and particularly with the object of determining what (if any) changes of constitution the Council will require, in order that it may possess the best qualifications which can be got for the duties which it will then have to discharge."

Sir W. GULL thought the Council was able to reform itself, as the House of Commons had done, and should not wait for the machinery of a Royal Commission or a select committee. He thought the case would be best met by the following resolution:—"That the constitution of this Council needs revision; and that the Council do affirm that it is desirable that, at its first meeting after the present session of Parliament, it should consider what modifications of its constitution are demanded and are required, and should report to the Government accordingly."

Sir D. CORRIGAN spoke against Mr. Simon's proposal, which he regarded as impracticable.

Dr. A. WOOD said he could not vote for Mr. Simon's amendment, believing that the Council was quite prepared to discuss the question of modifying its constitution according to the desire of a large body of the general practitioners.

Mr. MACNAMARA objected to Dr. Pyle's notice of motion. The profession generally would not consider it a satisfactory solution of the question. He was very much pleased that the question had come up for consideration. He also objected to Mr. Simon's amendment. The Council should pledge itself to the profession at large to take up the subject without any contingency. He thought the best plan would be to have a Royal Commission or a special committee of the House of Commons to take evidence and report.

Mr. TEALE said he could not vote for Mr. Pyle's motion for two or three reasons. In the first place, he did not think it was desirable at the present time to make any specific alterations in the Council. The effect of enlarging the constituencies that sent members to the Council might be to deprive them of the assistance of some of their most valuable members. The fact that there was a widespread feeling throughout the kingdom that the practitioners ought in some way to be directly represented could not be ignored, and it was most desirable that the grievance which had for so many years been held over the Council should be put an end to. Then a large question would naturally arise—namely, the number of members who should constitute the Council. If the Council was to be enlarged, then it might be felt that every medical interest should be represented. If the Council had to take charge of midwives and dentists, it might be said there ought to be an obstetrician and a dentist there, and it would probably be a great advantage to have a member of the House of Commons or the House of Lords. The question of fees would also arise. With all the duties that seemed to loom in the distance, it was quite clear that the work of the Council would have to be subdivided, and if important functions, such as the visitation of examinations and the visitation of schools, were undertaken by subdivisions of the Council, he for one felt that that kind of work ought to be paid for. The present remuneration was simply a pretence. It had been said that the action of the Council would have been very much altered if there had been six direct representatives of the profession upon it, but he did not think it would have made much difference in the result of the discussions. Some persons fancied that if there were representatives unconnected with the examining bodies and the schools it would be a great improvement, but if the members of the profession who were connected with teaching, with hospitals, and with the examining bodies, were omitted, who was there left to stand forward with sufficient prominence to be selected by 20,000 men as their representatives?

Dr. ROLLESTON thought the subject was too large to be considered at this session of the Council. He should vote for Sir William Gull's motion.

Sir WILLIAM GULL said Dr. Pyle's motion had nothing whatever to do with the Council, but with the corporations and universities.

Dr. HUMPHRY thought the position of the Council had not been properly stated by any of the previous speakers. The object was not so much to represent the feelings and desires of different persons as to be a Council to carry out the work before them—namely, the Act of 1858. Whatever views might be entertained as to the direct representation of the whole profession, all must acknowledge that it would be extremely difficult to carry it out, and he did not think it would make any very great difference in the Council. But if it was to be a representative body, who were not to be represented? He assented to the great proposition which Mr. Simon had brought before them, but he could not support the amendment because he did not think the question of the alteration of the Council was dependent upon the passing of the Bill, and he also strongly objected to giving up their independence and throwing themselves into the hands of a Governmental authority.

Sir J. PAGET said, if the Bill became law, the work to be done would be much larger and more various than hitherto, and therefore the Council would have to be enlarged so as to be able to perform the new duties cast upon it. The Council had absolutely no power to reform itself; the most it could do was to propose certain things to the Government, and therefore it was a respectful course to take to request the Government to institute an inquiry in which the Council would be the chief adviser. Of the motions on the paper Mr. Simon's seemed to him the best. He thought direct representation would make practically no difference in the working of the Council or in the manner of doing it. Still he felt it ought to be granted. If the Council was to have full weight given to its decisions by the whole body of the profession, there must be a feeling of mutual trust, which could only exist when direct representation was granted. He would therefore be quite prepared to recommend to the Government that direct representation in some form or other should be afforded.

Mr. Simon's amendment was negatived.

Mr. MACNAMARA moved as an amendment—"That it be respectfully submitted to the Lord President, as the opinion of this Council, that it is desirable that as soon as possible the question of the constitution of this Council be thoroughly considered by Her Majesty's Government, with the object of determining what, if any, changes of constitution the Council require."

The amendment was not seconded.

Sir W. GULL then proposed his amendment. His object was plainly and distinctly to tell the Government what the Council wished. The gentlemen who were promoting the Bill for direct representation would continue to hinder all other medical legislation unless they had the assurance from the Council or the Government that what they desired would be hereafter fully considered.

Mr. TEALE seconded the amendment.

Dr. WOOD supported the amendment, because it manfully asserted that the Council was ready to consider this great question.

Mr. MACNAMARA said the amendment contained no assurance that the consideration of the question would not be held over for eight or nine years. When once the Duke of Richmond's Bill became law, immeasurable difficulties would be thrown in the way of bringing forward the subject of direct representation again.

Dr. SMITH said Mr. Simon's amendment threw the onus on the Government, while Sir W. Gull's amendment

pledged the Council itself to undertake the work at its next meeting. For that reason he should vote for the latter.

Dr. PYLE withdrew his motion in favour of the amendment, which then became a substantive motion.

Sir W. GULL said the Duke of Richmond wished to do one thing at a time, and he had expressed his willingness to take up the question of the constitution of the Council at another time.

Sir JAS. PAGET suggested that after the word "affirm" the motion should read, "and represent to the Government that at its first meeting," &c.

Sir W. GULL accepted the alteration.

Dr. WOOD disapproved of the change.

On being put to the vote, the motion as altered was carried, eighteen members voting for it, and no hands being held up against it.

Dr. HUMPHRY moved, "The Council is of opinion that the consideration of the question of the revision of the Council should not prevent the passing of the Government Medical Act Amendment Bill now before Parliament with such alterations as the Council has suggested."

This was seconded by Sir WM. GULL, and carried by 11 to 4.

The Council then adjourned.

THURSDAY, JULY 4TH.

The final sitting of the Council was held to-day.

On a motion of Dr. Apjohn, a resolution was passed disapproving of the alterations introduced into the Government Bill with reference to the mode of keeping the local registers, and recommending that they be kept in such form as the Medical Council may from time to time direct.

A report was received from the Registration Committee making certain suggestions as to the financial arrangements of the Branch Councils. These suggestions, however, were not adopted, but a motion was passed to the effect that the moneys be paid and applied in accordance with Clause 13 of the Medical Act.

A report was then received from the committee on the clauses of the Government Bill relating to Indian, colonial, and foreign qualifications, which, after a brief discussion, was adopted.

On the motion of Mr. Simon, it was referred to the Executive Committee to prepare a report, to be presented at the next meeting, on the present constitution of the Council, and on any changes which might be desirable to promote the efficient discharge of its duties.

After some formal business the Council adjourned.

[A fuller report of this sitting will appear in our next number.]

THE COLLEGE ELECTIONS.

THE election of three members into the Council of the Royal College of Surgeons took place on Thursday afternoon last. The number of Fellows who voted was 304, of whom a larger proportion than usual were Fellows residing in the provinces. The contest was sharp, and although there was little show of excitement, the anxiety was keen. Between two and half-past three o'clock voting went on rapidly, and from half-past three until ten minutes to five voters were more tardy. The result, the announcement of which was received with applause, was as follows:—

Mr. E. Lund	101
Mr. Erasmus Wilson	95
Mr. Gay	92
Mr. Wood	81
Mr. Henry Power	78
Mr. Lister	76
Mr. Bryant	62
Sir Henry Thompson	58
Mr. Henry Lee	38
Mr. Barnard Holt	37

Mr. Lund, Mr. Wilson, and Mr. Gay were therefore elected members of the Council.

"ON A MODIFICATION IN GRADUATED STAFFS."

To the Editor of THE LANCET.

SIR,—I quite support Mr. Bartleet in his advocacy of a conical instrument for the treatment of stricture by dilatation; and the shape is equally suitable whether soft or metallic bougies be used. He points out one objection to the instrument figured in THE LANCET, June 22nd, 1878, which is that the conical or wedge shape of it is too abrupt.

For very many years I have employed the common steel sound, made somewhat smaller at the extremity than elsewhere. Probably my No. 12 is No. 10 at the point, and to dilate two degrees at a sitting will not often do harm. I find, too—and this is important—that when in the early stage of gradual dilatation I have used soft instruments, as safer, patients, though horrified at the sight of the steel weapon, ultimately prefer it. It glides along the urethra by its sheer weight, causing no discomfort.

Yours, &c.,

Queen Anne-street, W., June 29th, 1878. C. F. MAUNDER.

VACCINATION, REVACCINATION, AND VARIOLA.

To the Editor of THE LANCET.

SIR,—It has been observed that severe cases of variola after vaccination occur much more frequently in the younger than the older members of the community. Conversation with the older as well as younger members of the profession has led me to the conclusion that one reason why vaccination fails to be as effectual as it was half a century ago is that the rules laid down for its performance have not been observed as strictly and invariably as they ought to be, or, in point of fact, as they used to be. I refer more particularly to the importance of taking lymph before the formation of the areola. By departing from this rule not only is vaccination made less effectual, but subject to more constitutional disturbance than properly belongs to it, for the simple reason that the vaccine vesicle has become more or less of a pustule, and the patient is vaccinated with lymph more or less mixed with pus.

That vaccination, which is so capable of mitigating the evils of variola, should ever become the means of propagating syphilis, with all its miserable complications, is a great scandal, and as this, in my opinion, is owing to the admixture of blood, it ought never to occur. But in point of fact, although I have heard of syphilis being communicated by means of vaccination I have never seen it, although I vaccinated and revaccinated pretty freely among about 400 pauper children, besides infants, of whom I had medical charge for several years, besides a general experience extending over about forty years.

The experience of Mr. Gayton, that no nurse at the small-pox hospital at Homerton who had been revaccinated had ever had variola, ought to make revaccination imperative. For my own part I have recognised not only the importance, but the necessity, of revaccination for more than thirty years, and practised it accordingly, having even revaccinated myself about five years ago, although I had had variola. I have also for many years been acquainted with Mr. Bryce's test for vaccination by revaccinating the patient from his own arm on the fifth day. I think the plan is admirable. From the revaccination point of view, it has advantages even beyond what Mr. Bryce himself claimed for it. In my opinion Bryce's test ought in future to be applied to every infant that is vaccinated. It is in every way superior to a multiplicity of marks.

The recent suggestion of Sir Thomas Watson that recourse should again be had to vaccination from the calf, coupled with the experience of Mr. Gayton, takes away all standing ground from the objectors to vaccination. There can be no hardship in conferring, even upon the unwilling, immunity from the grave evils of variola, and it is in the interests of the community that no members of it should be left capable of propagating so dire a disease. Revaccination at or after the age of puberty ought not to be a difficult matter for legislation. I am, Sir, yours obediently,

Five Houses, Clapton, Middlesex, July 1st, 1878. D. DE BERDT HOVELL.

THE LANCET.

LONDON: SATURDAY, JULY 6, 1878.

THE poor Medical Bill has been the target at which for five days the General Medical Council has been firing. The Council had declared in April, by a majority of one, including all the members for England and the Crown member for Ireland, in favour of the formation of Conjoint Boards being made compulsory on all the medical authorities in each division of the kingdom. After this vote resistance seemed hopeless. The Lord President gave way. In the first instance he made it compulsory on the Corporations to form Conjoint Schemes in each division of the kingdom. This being objected to from various quarters, he assented to proposals to make both Universities and Corporations combine to constitute Conjoint Boards. Those passing the examination of the Conjoint Board were to be entitled to receive a licence or diploma from the co-operating authorities, as in the English scheme. Then came a short period of comparative silence and acquiescence. The Bill was in the House of Lords—a region of stillness, and containing few that cared to enter into the discussion of knotty questions of medical politics. Another change was made in the Bill at the instance of the Marquis of RIPON, to whom everything objectionable is, by the way, attributed. No difference in the Conjoint Schemes was introduced; but it was provided that the person passing the Conjoint Board was to receive a qualifying certificate, which, being presented to the registrar, was to entitle the person to be registered as qualified in Medicine, Surgery, and Midwifery. This seemed no bad licence, having the joint *imprimatur* of all the Universities and Medical Corporations in the country. But it was pronounced a revolution—in this respect, that the individual receiving it was to be registrable, not in virtue of the old diplomas coming from the individual Corporations, but in virtue of a new certificate, in giving which all the Corporations *plus* the Universities joined. Not only were the Corporations all represented in this joint certificate, but power was given to the medical authorities under Clause 17 to create the Boards, to determine their duties, the *relation* of the candidates passing them to existing authorities, the fees to be paid, the distribution of the fees, &c. But inasmuch as persons were not to be registered as members of this or that Corporation, but as qualified by a Joint Board, in Medicine, Surgery, and Midwifery, the Bill was pronounced revolutionary. Three whole days were spent—most unjustifiably in our opinion—in objecting to this provision of the Bill and in coming to the following resolution:—

"That the Council cannot approve the alterations with reference to registration in Clauses 3 and 4, which were introduced in the House of Lords as the Bill passed through Committee on recommitment—namely, 'That a person can be registered upon obtaining a qualifying certificate, without obtaining a diploma from a medical authority,' and 'That the only registration title is to be licentiate in Medicine, Surgery, and Midwifery.'"

The change in the condition of registration had been made—it was said—with no desire on the part of the Government or Lord RIPON to interfere with the traditional relations of the members of the profession to the Corporations, but to enable women to get qualified without requiring the Corporations to admit or affiliate them. The Council thought there was no escape from a dilemma: either qualification must be made independent of the diploma of Corporations; or the Corporations, refusing to surrender the registrable virtue of their diplomas, must be prepared to give them to all persons who pass the Conjoint Board, men or women. The Corporations have no particular love for women; but rather than lose their existing powers, they accepted the motion of Dr. ROLLESTON, that women passing the Conjoint Board should have the right to obtain the diploma of the co-operating authorities. Resolving to swallow the leek, in the form of giving the diploma to women, was the work of the fourth day of the sitting, and very difficult was the act of deglutition to several members. But, as we have said, the love of old powers prevailed over the hatred of women. The Council perhaps too readily takes it for granted that Parliament will compel the medical authorities to admit women to their examinations. We have not yet seen the end of the opposition to such action on the part of Parliament.

It is due to those members who most nobly fought for the Conjoint Scheme in April to say that they could not accept it at the cost of parting with the principle of affiliation with Corporations. A Conjoint Board they accepted, but the creation of a conjoint title, even subject to the conditions of Clause 17, was highly distasteful. Sir JAMES PAGET was the most eloquent exponent of this feeling. He spoke as one proud of the membership of his college, and as one who believed that such a connexion really was at once an honour, a privilege, and a security for good professional conduct. Membership or Licentiateship of a College ought to be all this. It is, unfortunately, true that Corporations leave their licentiates and members to do very much as they like, that even when they are appealed to to remonstrate with their members on conduct that gives pain to professional brethren they seldom take any action, and have the quickest vision to perceive their want of powers. But after Monday's debate, and the earnest speech of Sir JAMES, we must all believe that the ethical function of the Corporations is really a fact, and that it will be exercised hereafter with less timidity than heretofore. It has been used at this crisis as a strong argument in favour of the Corporations, and of the retention of all their powers and privileges. Most members of Corporations, after paying their diploma fees, never hear from their Corporation, and are never asked to discharge a duty in connexion with them or with their management. Affiliation means a mere legal privilege in exchange for a money payment, with no admixture of sentiment. It is this fact more than any other that has led to the distrust and want of sympathy with the Medical Council, as a body made up predominantly of Corporations having defective interest in their members. But we will hope, as the Corporations find their very *raison d'être* in their paternal care of those affiliated to them, to see a little more of it than we have been wont to see.

WHAT elements of the liver are affected by lardaceous degeneration, whether the vessels only are changed, or whether the cells also suffer the peculiar alteration, is a question regarding which there has been considerable difference of opinion among the pathological histologists who have paid attention to it. WAGNER maintained that the special disease affects only the vessels, and that the cells are never affected except by the pressure to which they are subjected, in consequence of the thickening of the vascular walls. Other pathologists, however, maintain that the liver-cells are themselves affected, although little has been at present made out as to the course of their affection. FRERICHS maintained that the finely granular contents of the normal cells gradually lessened, giving place to a homogeneous substance, which ultimately filled the cavity of the cell. CORNIL, however, working with methyl-aniline, failed to discover any affection of the cells in three cases which he examined, and in which the lardaceous change in the liver was most intense. The subject has been lately investigated by Prof. BOETTCHER, who not only corroborates the statement of FRERICHS and others that the liver-cells are affected, but has endeavoured to ascertain the course of their change and the relation which it bears to the disease of the capillaries. It is the relation of the cells to the capillary network which constitutes the special difficulty in the investigation, and renders the discrimination of the seat of a considerable degeneration peculiarly difficult. Much of the success which he has obtained is to be ascribed to the examination of livers in which the change is only slightly advanced.

In one case, although the larger vessels were diseased, the small capillaries of the lobules presented no alteration. The liver-cells in places had undergone slight change, which, under a high magnifying power, presented in one part a granular, and in another a homogeneous appearance. In a second case, in which the interlobular arteries and veins were considerably diseased, the capillaries were also unchanged, but the affection of the liver-cells was readily recognisable, their colouration being diffuse and their granular appearance persisting. In a third case, the capillaries within the lobules were affected here and there, but, as a rule, there was no degeneration of the cells adjacent to the degenerated capillaries, those affected being in the neighbourhood of normal vessels. It appears also that when there is widespread degeneration of the aorta and venous system and of the abdominal glands, the arterial twigs near the latter may be unaffected or only degenerated to a very slight degree. The freedom of the portal vessels, pointed out by KLEBS, and of the interacinous veins, pointed out by WAGNER, was not noticeable in all cases examined by BOETTCHER. When all the system of arterial and venous trunks within the liver is degenerated, the capillary system may remain normal. The affection of the liver-cells is independent of any preceding degeneration of the capillaries, and the latter may occur without secondary extension to the cells. BOETTCHER has succeeded in isolating cells which gave the so-called amyloid reaction with iodine and sulphuric acid. This can, however, rarely be effected, since in the later stages the cells are no longer separable, and in the earlier the affected cells are few and far between. In these cells he did not, as a rule, obtain a diffuse colouration of the protoplasm, but the granules of the protoplasm presented, although unequally, the alteration. The nucleus was distinct and uncoloured. In other similar cells no nucleus could be seen. A few cells were seen, filled with large granules, which became intensely coloured by the test. Other cases showed that the affection of the cells might be extreme, amounting to their complete degeneration, without any affection of the capillaries. Further, the capillaries may, it appears, be compressed, and their lumen narrowed, in consequence of the degeneration of the cells, without the vessel wall being diseased. The obstruction of the vessels has been demonstrated by injection. When the liver was injected from the portal vein the capillaries in the unaffected lobules were freely filled, but where the lardaceous change occurred, very little of the injection had passed into the capillaries. This obstruction BOETTCHER is inclined to attribute entirely to external pressure, for he has been unable to detect any narrowing of the lumen in parts in which the vessel only was diseased, whereas the compression by the enlarged cells may extend to complete obliteration of the cavities. When the disease occurs in isolated spots, it may be seen that the undiseased capillaries in the neighbourhood of the diseased spots have, in many cases, undergone an enormous dilatation, and in these places the atrophy of the liver-cell, from the pressure of the undiseased capillaries, may often be distinctly seen. The degeneration may extend to these dilated capillaries, and then between the altered vessels are rows of atrophied liver-cells. The latter may, in their turn, become invaded by the degeneration, and the shrunken liver-cells may become converted into translucent masses adherent to the capillaries. The shrinking of the liver-cells is, however, secondary to the dilatation of the capillaries, and not in consequence of their amyloid infiltration. Only where the capillaries are dilated are there the remains of atrophied liver-cells.

These facts, if substantiated, certainly constitute an important addition to our knowledge of the intimate pathology of lardaceous degeneration of the liver. Part of the discrepancy between his own observations and those of CORNIL, BOETTCHER attributes to the use of methyl-aniline by the former—a reagent which, however convenient for demonstration, is less delicate than iodine and sulphuric acid, at any rate as it is ordinarily used. It is pointed out that during the gradual fading of aniline preparations the degenerated parts retain their tint much longer than the undegenerated, and this constitutes a test of considerable delicacy, but which is still inferior to the older one for purposes of investigation.

THE world of intelligence would be a dull place without differences, but it is essential to the welfare of the community as a whole that controversies carried on between the various sections of society should be so conducted as not to impede the discharge of public duties. The promoters of the movement against vivisection, even in the modified form permitted by the law and as performed by licensed persons, seem to have lost sight of this obligation, and to resort without scruple to what we must be excused for describing as the sinister artifice of working on sentiment to suppress the impulse of benevolence, and so cut off the supplies from hospitals in connexion with schools whose pro-

fessors hold licences. It is impossible not to feel that by this recourse the "anti-vivisectionists" have finally sacrificed their claim to the respect with which public opinion views any enterprise, however eccentric, which has humanity for its object or starting-point. From first to last this agitation has been created and sustained with too obvious straining for effect. Many who felt there was, possibly, something to be urged in support of the endeavour to check the practice of using living animals for the purpose of experiment, have been scandalised by the parade of highly-coloured and distorted statements sensationally employed to influence public feeling. There has been throughout the movement an evident lack of sincerity in the method pursued by these agitators, which deprived them of the sympathy their enterprise might otherwise have elicited. It will be strange indeed if their more recent proceeding—the attempt to induce the public to neglect its duty towards the hospitals—does not destroy the last trace of confidence, and afford convincing proof that, even if there existed any real ground for the agitation against the schools, those must be unworthy and heartless agitators who could seek to promote their object by arresting the flow of benevolence in aid of the poor, the suffering, and distressed.

We doubt whether the full obligation which devolves on the community with regard to hospital-support is recognised. Theoretically, doubtless, it is assumed that much general good is accomplished by charities maintained for the relief of the sick poor; but have the majority of the public any adequate notion of the extent and nature of the service rendered? Mere statistical returns are not available in this argument. The number of patients relieved throws no sufficient light on the suffering and loss the individuals treated, with their families, are spared by the aid rendered. The social work done by hospitals is better studied in the sphere of personal observation than in the mass. Let anyone try to realise the actual benefits conferred in the case of a father or mother of a family treated in one of these institutions; and he will scarcely form a grudging estimate of the claim an agency capable of performing this service many hundreds or perhaps thousands of times in a year must have on his generosity. No figures can accurately represent the service rendered to humanity; and we cannot avoid the feeling that committees of hospitals are likely to injure, rather than advance, the interest of hospitals by the publication of reports in which they rely too exclusively on the effect of numbers. A few simple narratives of the personal and domestic help extended to the struggling poor would do more to illustrate the work of these institutions than a host of numerals, however useful and impressive statistics may be in their place when used for purposes of scientific inference and comparison. The appeal for public support, however, rests, we will not say mainly, but in a very prominent measure, on broader if less directly philanthropic premises. The whole superstructure of medical science, and the development of practical efficiency in the treatment of disease, are dependent on the hospitals. The progress which has been achieved we owe to the existence of public charities, and if these were allowed to collapse, not only would teaching be impossible, medicine as a practical science would languish, if not wholly fail. Hospital work is the fountain-head of knowledge, and from that, as a centre, the profession, and in the end the public, are supplied with healing knowledge. This is no hyperbole of language, but a simple statement of fact. A total arrest of progress must follow the closing of the hospital. Such a calamity is barely within the range of *possibility* in a country like this. It is well sometimes to correct our estimate of familiar blessings by contemplating the consequences of their loss. We have no hesitation in asserting that few misfortunes which could befall a highly civilised nation are likely to prove more disastrous than the cessation of hospital work. The disaster would not be limited to the patients rejected, and those immediately dependent upon them; it would extend to the whole population: so directly is the profession of medicine and surgery dependent on the work done in hospitals for the maintenance of its vitality, for the control of its practice, and for the continuous flow of those streams of knowledge and suggestion by which the whole field of enterprise is fertilised and made productive for the public good.

Any considerable reduction of the service rendered by hospitals would approach the magnitude of a public calamity. It cannot, however, be disguised that with this evil we are threatened. From a variety of causes, and partly as the result of the sinister influences to which we have alluded, there is a notable and alarming disproportion between the expenses and the resources of too many of our most useful institutions. It was hoped that by setting apart one day in the year for the special advocacy of these charities sympathy and benevolence might be stirred. There is grave reason to fancy the anticipation has not been realised. There is ground to fear that persons who could give liberally as subscribers, or more permanent benefactors, content themselves with a small donation to the Hospital Sunday Fund, in place of a systematic contribution to the sum of the regular income on which the charities have to rely, and by which alone they can measure the due limits of their enterprise. The impolicy of expecting occasional help has been exposed, and we venture to hope committees everywhere will abandon that system as unsafe and inexpedient. The aim must be "to develop" and assure, by investment, a regular income. In respect to some of the best known and most highly appreciated institutions of the metropolis, it must be confessed that their financial position is one of extreme hazard, verging on the imminent point of collapse. We venture to urge this fact upon the very serious and speedy consideration of the public. Unless measures are soon taken to strengthen the permanent resources of these hospitals, the committees will in common prudence, if not in honour, be compelled to close their doors against applicants for relief. We purposely abstain from more than a simple statement of the exceptional and urgent need which exists. The emergency is not of a nature to be met by any puny effort. The opportunity exists, while the Hospital Sunday Fund is open, to place at the disposal of a committee, well placed for estimating the real necessity, an aggregate sum sufficient for present assistance. It would be well if the occasion could be utilised by those who are willing and able to help.

AN important discussion on the subject of the Contagious Diseases (Animals) Bill, succeeded by an equally important division, took place in the House of Commons on the evenings of the 25th and 27th ult. and on Monday last.

In the course of the second debate Dr. PLAYFAIR produced some interesting facts, which were supplemented by Mr. CHAPLIN, Mr. CHAMBERLAIN, Mr. CLARE READ, and others; and the whole matter was concisely and very fairly summed up by Sir H. SELWIN-IBBETSON for the Government. A division followed, which resulted in a majority of 157, in a full House, for the second reading of the Bill. Dr. PLAYFAIR, who spoke against it, endeavoured to prove that the restrictions proposed to be put upon the importation of foreign cattle were not justified by facts and immediately previous experience. It appears that, though there were in this country 2,000,000 less cattle in 1877 than in 1865, the slight decrease had occurred since 1874, and, according to the argument of the speaker, was not due to panic on account of imported disease, but to three years of bad harvest, which then compelled persons to sell cattle in order to pay rent and keep things going. He prophesied that compressed air should soon be used extensively, instead of ice, as a preservative from decay, agreeing with those who believed that the dead-meat supply would shortly become a permanent and important means of obtaining food in this country. In July and August the risk of fever in crossing the Gulf stream is so great that it is not possible to get live stock in any reliable numbers from America, and on these and other accounts it is undesirable to cut off the supplies from Spain, Portugal, Denmark, and Norway, all of which countries, as well, perhaps, as Germany, would be scheduled if the Bill passed. Mr. CHAPLIN, following on the other side, told the House that, in spite of the imperfect way in which dead meat was as yet brought over from America, it could be sold here for 6*d*. a pound, in good condition (query, wholesale or retail?) This trade was increasing, though not so fast as the live-meat trade. Mr. CHAMBERLAIN quoted the dictum of Mr. GAMGEE and Mr. SIMONDS, to the effect that, in order to keep out the foot-and-mouth disease, hides, offal, and dead meat must also be scheduled. According to Mr. M'LAGAN, the disease had been spread in this country by the conveyance of healthy animals in infected ships and trucks. Mr. MITCHELL HENRY sensibly enough reminded his hearers that we should best consult success by treating this question (which is practically regarded in the Bill as one of rigid quarantine) as we have treated Quarantine Acts in relation to epidemics among men—i.e., abolish the old Eastern acceptation of the term, and amplify it so that it may be translated "sanitary supervision intelligently organised and conducted." The member for West Essex, in summing up, maintained that the slaughter of cattle imported from certain foreign countries at the port of debarkation would stimulate the breeding of home stock. Other arguments in proof or disproof of this assertion will probably be brought forward when the House is in Committee on the Bill. Meanwhile we elect for the present simply to summarise the *pros* and *cons* of a question that, in its settlement, will influence, both in the immediate present and possibly the remote future, the purses, and likely enough the health, of all classes of the community in the United Kingdom.

THREE deaths from lightning occurred last week near Newry during the severe thunderstorm which visited that locality.

Annotations.

"Ne quid nimis."

IMPORTANT VOTE OF THE MEDICAL COUNCIL ON ITS OWN CONSTITUTION.

THE Medical Council has done one good thing. It has come to perceive that it is not perfect. On Wednesday, by a pretty unanimous vote, it passed the following resolution, moved by Sir William Gull and seconded by Mr. Teale:—

"That the constitution of this Council needs revision; and that the Council do affirm that it is desirable that at its first meeting after the present session of Parliament, it should consider what modifications of its constitution are demanded and are required, and should report to the Government accordingly."

This vote must be regarded as very important, and we readily admit the magnanimous tone in which the claims of the profession to be represented at the board were admitted. We will not draw any invidious comparison between the tone of this discussion and that of similar ones in previous years. No less than four motions having reference to this question were at an early stage of the meeting placed on the programme—one each by Dr. Pyle, Mr. Simon, Sir William Gull, and Mr. Macnamara. After such a vote of the Council on this subject, the consideration of the constitution of that body cannot long be delayed, the more so as the new Bill adds heavily to its duties. Should the undertaking of the Council to consider the subject at its next meeting, and report to the Government, be accepted as a reason for withdrawing opposition to the Government Bill as it stands? This is a very serious question. The Medical Council may not meet till next July, and it has an unmatched power of prolonging the consideration of such a question as this. It may take years to formulate any definite proposition. The Government and the Parliament will not readily revert to medical legislation if once a Medical Bill is passed. It is to be regretted that the Medical Council did not spend two days at this most opportune moment in coming to some definite opinion on the subject. Under all the circumstances it seems to us that nothing but the clearest undertaking of the Lord President that a Bill to amend the constitution of the General Medical Council shall be brought in by the Government next year will justify the promoters of this object in withdrawing their opposition to a Medical Bill which makes no provision for it. The vote of the Council is a thing to be thankful for—especially in connexion with Mr. Simon's motion, which requires the Executive Committee to prepare a report on the working and constitution of the Council a month before its next meeting,—but it is vague in character, and it does not commit the Government, which alone can carry such a measure through Parliament. Under all the circumstances, and considering the complicated nature of the questions involved and the advanced stage of the session, there is much to be said, in accordance with a general consensus of feeling, for referring the various Bills to a Select Committee with power to take evidence.

SMALL-POX IN THE METROPOLIS.

THE question put by Sir Charles Dilke to the President of the Local Government Board, in the House of Commons, on the 2nd instant, with reference to small-pox in the metropolis, covered only a part of the matters which are now exciting the serious interest of the metropolitan public on this subject. It touched solely on the sanitary relations of the recent outbreak as contradistinguished from its relations with regard to the vaccination laws. Let us hope, however, that the question is but a prelude to further questions in the

House touching, not only the operation of the sanitary laws in this regard, but also the operation of the vaccination laws within the metropolis. Sir Charles Dilke asked whether it were true that during the year ended the 25th of March last 1816 deaths from small-pox occurred within that portion of the metropolis described as "lesser London" by the Registrar-General; whether the sanitary authorities already possess, under Section 26 of the Act 29 and 30 Vict., c. 90 (the Sanitary Act 1866 so-called), sufficient powers to enable them adequately to cope with the evil; and, if not, if it had been considered whether compulsory registration of infectious diseases might not be tried with advantage. To this question, or rather combination of questions, Mr. Sclater-Booth answered, first, by accepting Sir Charles Dilke's statement of deaths and cases within the period he had named—a statement to which we take exception as to the cases, the number of these being probably stated more accurately at 11,000 or 12,000 rather than 18,000. Next, Mr. Sclater-Booth answered in effect that the sanitary authorities did not so much lack power as the information which would enable them to exercise that power. Hence he was prepared to look with favour upon the suggestion for a compulsory registration of infectious diseases, and although the time had not yet come when he could lay such a proposal before the House, he should be glad when it did so. The experiment of compulsory registration was in process of being tried in several large towns in the north, under local acts, Mr. Sclater-Booth said, and he added, that the tendency of public opinion was in the direction of general legislation on the subject; and he had no doubt that before long medical practitioners and private patients would submit to some notification of a certain class of disease being made in all cases to the local authorities. He further expressed regret that, owing to the opposition of the vestries and district boards, it had been impossible to carry the Public Health (Metropolis) Bill through Parliament last session, for it was proposed by that Bill to enable the metropolitan sanitary authorities to make arrangements with the Metropolitan Asylums Board which would have put an end to the present anomalous state of things.

It is important to have Mr. Sclater-Booth's unqualified approval of the principle of registration of infectious diseases; but it would have been well if we could have had from him some authoritative statement as to the working of the vaccination laws in the metropolis, with particular reference to the recent prevalence of small-pox. Not that we for a moment believe that any such statement will do away with the necessity of an inquiry into the present administration of the vaccination laws generally, but that it would tend further to show the urgency of such inquiry, if the growing restlessness, both professional and lay, on the subject is to be appeased. A Royal Commission would at once prove the readiest and most efficient mode of allaying this restlessness, by making the public assured that no substantial ground of complaint, either as to the vaccination laws or the administration of public vaccination, would not secure attention.

BOXES ON THE EAR.

THE blindness of the late King of Hanover was occasioned, it is understood, by an accidental, and by no means violent, blow upon the eye. Scarcely a day passes, we believe, without some schoolmaster (or schoolfellow, in natural imitation of his master,) giving a lad a smart "box" upon the ear. Few persons would be bold enough to choose the eye as a part upon which it was expedient to inflict a violent blow by way of moral education, but there is apparently no end to the numbers who select an organ upon which violence is liable to be attended with much more dangerous results. For not only is deafness caused by "boxes," which rupture (as they continually do) the drum of the ear, but the inflammation of the internal cavity, which is so frequent a result, may be followed, years afterwards, perhaps, by disease of the bone, giving rise to abscess of the brain, and having a fatal termination. Medical men alone can be fully aware how fruitful a source of suffering and danger is represented by the box upon the ear. We are informed, for example, of two cases, under observation at the present moment, in which schoolboys have been the victims of such an assault. Surely, schoolmasters ought to have learned, long ere this, the danger of a mode of personal chastisement that has apparently usurped the place of others, which, if more disgusting, were not attended with an equal amount of peril.

HIGH TEMPERATURE AND MORTALITY.

THE annual rate of mortality among the more than seven millions of persons estimated to be living in the twenty large English towns dealt with by the Registrar-General in his Weekly Return, which had averaged 20·8 per 1000 in the seven weeks ending 22nd June, and had only ranged from 19·6 to 21·3, rose last week, under the influence of the sudden rise of temperature, to 23·8 per 1000. Thus the mortality last week in those twenty towns exceeded by about a seventh, or nearly 15 per cent., the average rate in the preceding seven weeks. As might be expected, the effect of the heat was most marked upon the mortality of infants and of elderly persons. The increase last week of the deaths of infants aged under one year of age, upon the average number in the seven preceding weeks, was equal to 21 per cent., and the increase of deaths of persons aged upwards of sixty years to 26 per cent.; while among children and adults aged between one and sixty years it did not exceed 9 per cent. Although the heat was greater in London than in most of the other large English towns, the increase of mortality was not proportionately so great in London as in the nineteen towns. The most marked influence of the high temperature upon the mortality returns of the week was shown in the fatality of diarrhœa. The deaths referred to diarrhœa in the twenty towns, which in the seven preceding weeks had ranged between 40 and 56, rose last week to 133, of which 72 occurred in London and 61 in the nineteen provincial towns; the annual death-rate from this disease was equal to 1·1 per 1000 in London, and did not exceed 0·9 in the other towns. Although the fatality of diarrhœa showed so general an increase in the large towns, it was considerably below the average fatality for the last week of June. Leicester, which has in recent years become notorious for its summer death-rate from infantile diarrhœa, has already taken the lead in this direction; the annual death-rate from diarrhœa in this borough was equal to 2·6 per 1000 during last week, or nearly three times as high as the average rate from this cause in the nineteen large provincial towns.

VOLUNTEER AMBULANCE DEPARTMENT.

THIS department appears at length to be definitely formed, under the patronage of H.R.H. the Duke of Cambridge, and with Surgeon-General Munro as president. The committee, which consists principally of medical officers of volunteer corps, has issued a circular pointing out the necessity for some such organisation in connexion with the defensive force of the country, and the importance of having men specially trained for ambulance work in the field. It states the steps which have already been taken in this direction, and announces the gratifying fact that 266 non-commissioned officers and men have gone through a course of instruction with great success, and that a class of 100 more is now under training. The department seems to be organised in accordance with Rule 45 of the Field Hospital Regulations, which places two men per company, trained as stretcher-bearers, under the orders of medical officers doing

duty with corps. In connexion with this, however, we observe a very remarkable statement put forth by the committee, "that the training of two men per company for ambulance work is not intended to diminish the fighting strength of battalions, inasmuch as the men would not be called upon to absent themselves from the fighting line longer than necessary to convey wounded to the dressing station in the rear." How this "intention" of the committee is to be effected and the men to be employed in carrying the wounded to the rear without diminishing the fighting strength of the battalion is, we must confess, beyond our comprehension. We think the committee would have done much better to have stated decidedly the necessity for this reduction in the number of fighting men to ensure the efficiency of the force and the prompt skilled assistance so important to the wounded. The committee makes an appeal for men and money, and we have no doubt both will be forthcoming; but we think the first should not be led to volunteer for this duty by delusive statements, and the second would be more readily provided if some definite idea were given of the objects for which the money will be required, and an estimate submitted of the probable amount necessary for the efficient working of the department.

THE CANAL BOATS ACT.

THIS Act came into operation on the 1st instant, and aims at improving the educational as well as sanitary status of those who inhabit boats that ply along the many miles of English canals. Between sixty and seventy thousand children thus live afloat. Philanthropists aver that much misery exists among them, sanitarians say that much preventable disease occurs, and those who work among them for their spiritual good hint at many uncivilised practices, if not much immorality. In discoursing about the sanitary aspects of the subject we have always upheld, as regards children, their total exclusion from the barges, with, as a natural consequence, the wives and unmarried daughters. The terms of the Act do not contemplate anything of this sort, and, as has been before remarked in our columns, appear to do little more than appease, and perhaps satisfy, popular philanthropy. Can any sanitary reform be effected by restricting the minimum space of cubic area in cabins to sixty feet for an adult and forty feet for each child under twelve years of age? We shall see.

"SELF-SUPPORTING HOSPITALS AND WARDS."

THE idea which originated with THE LANCET was to provide, if possible in connexion with the existing hospitals, or, should that be impracticable, independently, in central situations, places of accommodation where sick persons might be received on payment of moderate rates and nursed during illness, being attended by their own medical practitioner, with or without the services of a resident medical officer. This was an intelligible and, we believe, useful proposal. Out of it has grown, on the other hand, a complete scheme for the establishment of middle-class hospitals with costly arrangements and the objectionable adjunct of a medical or surgical staff—which would practically take cases out of the hands of general practitioners, the very evil we sought to prevent,—and, on the other hand, a movement to make hospitals generally self-supporting, or to add wards opened on the principle of part payment. We venture to urge that the original proposal should again receive attention. No attempt has been made to carry out our suggestion. We have nothing, now, to say to the several schemes which have sprung from our idea; it must suffice to call back the thoughts of those who have given any serious attention to this matter to the need and the remedy first pointed out. Hundreds of young persons of both sexes fall ill in situations which render it impossible that they should receive proper care. There is also a large class of the sick for whose treatment away from their families it is desirable to provide on precautionary grounds. For the benefit of these individuals—the solitary or homeless, those who are lodgers, or dependants in families, and the prudent who unselfishly prefer to be removed from their homes rather than to jeopardise the health of their families—places of refuge such as we have suggested would be most advantageous. When a movement providing this convenience, without either directly or indirectly leading to the removal of cases from the care of the general practitioners in whose connexion they arise, is commenced, it will receive our support; but it must be a simple effort, and have strictly limited aims, to merit approval and take it out of the category of schemes which entail greater evils than those they affect to remove.

THE HEALTH OF THE ARMY OF THE CAUCASUS.

AT the recent annual meeting of the Imperial Medical Society of the Caucasus, a paper was read by Dr. Dubelir on the sanitary state of the Army of the Caucasus from the 13th April, 1877, to the 13th February, 1878. From the data given it would appear that the losses from sickness and wounds during the ten months amounted to 13,780 men, or 6·40 per cent. of the total strength. Of these men, 2579 were killed on the field of battle, 1330 died of wounds in the ambulances and hospitals, and 9871 were, according to Dr. Dubelir, carried off by sickness. If these losses be compared with those which the German army suffered in 1870–71, it will be seen that they exceeded them by one and a half; but compared with other recent wars the losses of the Army of the Caucasus were much smaller. Thus, in the Russian war with Turkey in 1828–29, the losses of the Russian army amounted to 86 per cent. of the total strength. The number of the men engaged in this war was 115,000, and of these but 15,000 recrossed the Pruth. The French army lost 30 per cent. of its strength, and the English 22 per cent., during the Crimean war.

With regard to the actual condition of the Army of the Caucasus during the period under consideration in the war just ended, Dr. Dubelir divides the period into two parts—a first part, extending from the beginning of the war to the month of October, 1877, during which period the health of the troops was good; a second part, extending from the month of October, 1877, to February, 1878, during which part the health of the troops was bad. Within the six months forming the first part, the losses by deaths from sickness were 2405; within the four months forming the second part the losses by deaths from sickness were 7466. The principal causes of the mortality during the four last months considered were dysentery and typhus. From the beginning of April to the end of September, 1877, the first six months of the war, 440 deaths were credited to typhus—that is to say, 18 per cent. of the total mortality from all causes; but from the beginning of October, 1877 to the end of January, 1878, the deaths from typhus amounted to 3607—that is to say, 48 per cent., of the total mortality from all causes.

THE ENGLISH RED CROSS IN TURKEY.

THE *Stamboul* gives the following information relative to the staffs of the English Red Cross associations which gave assistance to the Turkish armies during the recent war. The Stafford House Committee employed 35 medical men, 11 of whom suffered from severe illness, and 2 died. The Red Crescent employed 45 medical men, 14 of whom had dangerous sickness, and 7 died. The Red Cross employed 14 medical men, 3 of whom were severely ill, and 1 died. The Turkish Compassionate Fund employed 11, 3 of whom

suffered from serious sickness. The Charity Sisters employed 40, of whom 27 were ill, and 13 died. The total English staff employed was 145, of whom 58 had serious illness, and 23 died. The death of Mr. Masters, of the Turkish Compassionate Fund, which recently occurred from typhus, is lamented as "the greatest hero in this noble band of martyrs of charity."

SCOTCH FEELING AND THE MEDICAL BILL.

THERE must be a large number of Scotch practitioners favourable to a reduction of the number of mere examining bodies, but up to the present time the advocates of the existing system seem to have displayed most energy. The Principals of the three universities of Scotland engaged in medical teaching—viz., Edinburgh, Glasgow, and Aberdeen—have issued a statement setting forth the successive alterations introduced into the Bill since its first introduction, some of which they think will injuriously affect the universities, and others the corporations. They especially represent that as, according to the last amendments of the Lords, the right of registration will only attach to the qualifying certificate of the Conjoint Board, students will be discouraged from applying for diplomas and degrees. As the latter represent a more extended education and a more stringent examination than will be represented by the qualifying certificate of the Conjoint Board, the Scotch universities maintain that the number of highly educated practitioners would be diminished and the public interests injured by the Bill. The three medical corporations of Scotland take objections to the Bill on the ground that it would sever the connexion of the new licentiates with the old corporations—a connexion which they think highly advantageous.

Besides these expressions of opinion there has been another. On the 25th of June the annual meeting of the Glasgow and West of Scotland Branch of the British Medical Association was held, when this overshadowing question came up and interfered sadly with the even and scientific spirit of the meeting. So judicial a speaker as Professor Gairdner, not content with opposing the reforms which are so generally demanded, attributed ignoble motives to those who advocate reform in a way which we do not think consists either with fact or with the usual force and dignity of Dr. Gairdner's way of treating questions. The most sensible speech on the occasion was one by Professor Macleod, who dared to say that even the interests of the university were secondary to those of the profession, and that the Bill must be judged with reference to the latter. He regarded a conjoint scheme as simply inevitable. Nevertheless he contented himself with moving only for the reference of the whole subject to a select committee or a Royal Commission. The motion was carried unanimously. Dr. Charteris proposed a resolution in favour of conjoint schemes, and pointed out that if it was not carried they would be out of harmony with the great body of the Association. Nevertheless, it was rejected by 20 to 6.

We shall still continue to believe that Scotland will come to take a more imperial view of this question, such as befits her splendid share in the medical education of Great Britain.

THE NAVAL MEDICAL SERVICE.

OUR leading article with this heading, published on the 15th ult. has, as we anticipated, provoked hostile rejoinders from both the combatant *Gazettes*. The *United Service* tells us that there is no such thing as a mess allowance afloat, and that no medical officer can live (shall we say, exist?) in the Royal Navy on £100 a year. As to the mess allowance, the fact is that one and sixpence a day is given to each officer when serving ashore, and its equivalent is given afloat. If it be argued that the equivalent is not given, what is the equivalent worth? Our contemporary occupies much space in endeavouring to fix the income at which an officer and a gentleman can live (or exist), and, we think, fails to do so, because, as all our readers know, this is a varying quantity, about which people, whether afloat or ashore, have from time immemorial agreed to differ. The *Army and Navy Gazette* may be (and, we believe, is in this instance) right in asserting that in the case of the *Euryalus* the paymaster is senior to the fleet surgeon. But is the *Army and Navy Gazette* in a position to assert also that when the *Euryalus* was fitted out, and the cabins allotted, it was known *positively*—or, indeed, known at all—what the relative standing of her officers would be when she was commissioned? We think not. This case was quoted as an example, though it is, perhaps, a pity that we are compelled to keep to the example in order to prove the principle.

SWIMMING FOR GIRLS.

COMPLAINTS are made that instruction in swimming is not so readily obtainable for girls as for boys. As a rule, supply in respect to matters for which payment is offered is not apt to fall far below the level of demand. Probably there are other hindrances to the extension of the movement for swimming-classes open to girls. The professors of this art show a notable disposition to forget that swimming is an exercise which needs to be divested of the nature of an exhibition of sensational prowess before it will become popular with respectable women and girls. The very fact of offering prizes for proficiency and making the matter one of display is fatal to its popularity. If swimming-mistresses—the bare notion of swimming-*masters* for girls offends the sense of decency—would rely on the patronage of mothers and daughters who have only a sanitary and self-protective aim in learning the art, they would do better than by catering for the exhibitional and competitive instinct, which at once stamps the enterprise with an equivocal character. It is, in a great degree, because the interest in this movement has courted success by wrong artifices that it has not as yet obtained a satisfactory result. Prizes for proficiency in swimming cannot be awarded to girls without giving the schools in which they are offered a character which will not in the long run advance their prospects. Let the movement to spread the knowledge of this most useful art be placed on a non-sensational footing, and we have no misgiving as to its success.

DIPHTHERIA IN NORTH-WEST LONDON.

ALTHOUGH the last published weekly return of the Registrar-General (June 22nd, 1878) shows 12 deaths for the whole of the metropolis as compared with 8 the previous week, one only of these deaths occurred in the north-west districts—namely, in Hampstead. Indeed, as we ventured to express a hope in our last week's impression, the outburst of diphtheria in adjoining parts of Hampstead, St. Marylebone, and Kilburn is now at an end.

Mr. Power is steadily pursuing his laborious and difficult inquiry for the Local Government Board, and until he reports it is unlikely that the whole of the facts of the late extraordinary prevalence of diphtheria in North-west London will be forthcoming. By common consent the field of inquiry has been mainly left to him, as no medical man engaged in private practice could command the time and opportunities, and no local official the means, for making an investigation which involves the practices of many medical men, and the areas of several local authorities. So far as our own incidental local inquiries have been pushed, they lead to the impression that the alarm which was experienced in the infected districts during the progress of the outbreak was fully justified. Although the disease was prevalent

within the districts of three metropolitan vestries or district boards, it was limited to a comparatively small area in adjoining parts of these districts. Within this area we believe that not far from three hundred cases of diphtheria, and of throat affection which must be classed with diphtheria, must have occurred, and probably over sixty of these cases will be found to have ended fatally. Taking the provisional results of some of the practitioners who have seen most of the disease, the outburst would appear to have some most curious relations with local disturbance of sewerage on the one hand, and with milk-supply on the other. It is idle to speculate upon the nature of these relations at present. They are being subject to searching investigation by Mr. Power.

THE PARLIAMENTARY POSITION OF THE MEDICAL BILLS.

THE second reading of the Medical Bill of the Government, and the adjourned debate on the second reading of the Medical Act Amendment Bill (No. 2) and of Dr. Lush's Medical Bill, are looked for on the 11th inst. Other matters of importance are down for the same night, including the Bar Education and Discipline Bill, the Sale of Intoxicating Liquors on Sunday (Ireland) Bill, &c. &c. Besides these are various notices of motion in reference to the Medical Bills. Mr. Meldon will move that the Government Bill be read a second time on that day three months—in other words, the rejection of the Bill. Mr. Mitchell Henry will move that no measure of reform can be satisfactory which does not provide for the affiliation of all medical practitioners to the existing medical corporations, either in England, Scotland, or Ireland, and for direct representation of the medical profession in the Council. After the second reading Mr. Errington will move the reference of the Bill to a select committee, and Dr. Lush will move that the committee have power to take evidence. The other Bills will also have the compliment of opposition. Dr. Lush's Bill, which deals principally with the penal clauses, will be met by a motion by Mr. James Barclay, that it be read that day three months. Mr. Serjeant Simon gives notice of a similar motion with regard to Medical Bill No. 2, concerning which again Mr. Errington will move that it be referred to a select committee. Such notices of motion do not strengthen hopes of legislation this session, unless, following the example of the Congress at Berlin, the different parties have the good sense to agree beforehand on some mutual concessions.

THE LONDON SMALL-POX EPIDEMIC.

THE fatal cases of small-pox registered in London, which had steadily declined from 80 to 19 in the ten preceding weeks, rose again to 38 last week. The number of small-pox patients under treatment in the Metropolitan Asylum Hospitals, which in the ten previous weeks had declined from 854 to 483, further fell, however, to 445 on Saturday last, although 77 new cases were admitted to those hospitals during the week. Of the 38 fatal cases registered last week, 22 occurred in the Metropolitan Asylum Hospitals, 1 in the Highgate Small-pox Hospital, 1 in the Hospital for Nervous Diseases, and 14 in private dwelling-houses. Seven of the deceased small-pox patients had resided in Greenwich and Deptford, 4 in St. George-in-the-East, and 3 in Camberwell. There has been a distinct outbreak of small-pox in Deptford in the neighbourhood of the recently opened Metropolitan Asylum Hospital in that locality, and a similar outbreak is reported to have occurred near the Asylum Hospital at Fulham. Public-houses in the neighbourhood of these hospitals especially appear to become the media of infection through the patronage of the drivers and attendants of the small-pox ambulances. It is easier, however, to deplore the ignorant or wilful negligence that is the source of so much public danger than to ensure a remedy. The 4 deaths from small-pox in St. George-in-the-East occurred in two houses in Batty-street, and were all of children aged between one and thirteen years; in none of these four cases did the attendant medical practitioner state in his certificate whether the deceased bore any evidence of successful vaccination. In 14 of the fatal cases registered last week, of which 9 occurred in private practice, the medical certificates did not give any information as to vaccination.

Outside registration London one fatal case of small-pox was registered last week in Stratford, but not one was recorded in any of the nineteen large provincial towns furnishing weekly returns.

THE RED CROSS AT SEA.

THE Russian Red Cross Society, consistently with the Geneva Convention, would appear to be considering the practicability of extending its operations to sea in the event of war breaking out in which the naval forces of Russia would be engaged. It is suggested that swift ships should be fitted up as ambulances, and hold themselves ready to give assistance to the wounded of the combatants after naval actions. In view of the peculiar difficulties attaching to the suggestion being carried into execution, the Society makes an appeal to "specialists in all that concerns seafaring matters" to favour them with their advice as to the best modes of giving effect to it.

SMALL-POX HOSPITALS AS FOCI OF INFECTION.

THE medical officer of health for Kensington, Dr. Dudfield, has thought it advisable to make a special report on a charge made with respect to the Fulham Small-pox Hospital, that it was "a great focus from which the disease spread." Dr. Dudfield deals with the subject by examining carefully the amount of prevalence of small-pox which existed in the vicinity of the hospital, and, as would be anticipated by anyone familiar with the subject, he shows that the charge was wholly unsupported by facts. It is a curious feature of these reiterated charges against small-pox hospitals to observe with what curious composure the promoters contemplate the retention of small-pox cases for treatment in crowded sublet houses where isolation of the patients and the limitation of infection from their surroundings are simply impossible, while betraying paroxysms of alarm at the isolation of these patients under conditions which reduce the liability of transmission of the disease to almost a vanishing point. The traditional fear of contagion is as paradoxical as troublesome. No more satisfactory or more certain method of disseminating clearer knowledge on the subject among the general public can be conceived than reports such as this excellent and lucid one prepared by Dr. Dudfield.

THE ROYAL COLLEGE OF PHYSICIANS AND THE ADMISSION OF WOMEN.

THERE is reason to believe that the College of Physicians will resist to the last the admission of women, and, it is said, will decline joining in any Conjoint Scheme requiring it to do so. Further than this, Sir William Gull said on Tuesday, in the Medical Council, that the President of the College would resign rather than be a party to such a procedure.

MEDICAL STUDENTS AND THE NEW MEDICAL BILL.

WE have received several communications from medical students, some of whom have already passed their primary examination, anxious to know how they will be affected by the Medical Acts Amendment Bill becoming law. They may be assured that their case will be duly considered, as

it was in 1858, when the Medical Act came into existence. The 46th Clause gave power to the Council to dispense with the provisions of the Act in favour of students who had commenced their professional studies before the passing of the Act. Professor Turner, in the Medical Council on Tuesday, proposed the insertion of a clause to the same effect in the present Bill, which was unanimously agreed to.

THE Manchester and Salford Sanitary Association held its annual meeting in the Town-hall on Monday, the Bishop of Manchester presiding. Both he and several other speakers expressed their satisfaction at the action recently taken by the Association in organising a sanitary inspection department. This department will be superintended by a civil engineer, who, for a stated fee, will furnish a report, annual or more frequently if needed, upon the sanitary condition of any house or building. While admitting the laudable nature of the project, it is certainly doubtful whether the department will prove of much practical value. Of course, the poor will not be able to avail themselves of its services, and it is open to question whether the rich might not with more advantage consult the medical officer of the local board of health, who has at his command trained practical assistants.

The *Shipping Gazette* of the 1st instant contains a brief but most harrowing account of the sufferings endured by a ship's crew (as recorded in the captain's log) during a passage from Chefoo to the Shanton Islands, as long ago as September, 1876. The captain and all his men were found dead. The symptoms and progress of the disease are simply but accurately described in the log, and it appears that ignorance of the country alone caused the miserable result of a very unusual voyage. Vegetables, berries, &c., abound on these islands, and bear's meat of good quality may be procured in great abundance, as well as sufficient firewood to last through even a long winter.

AT the instance of the Kensington Vestry, a laundry-keeper has been fined ten shillings, with two shillings costs, for having continued his business, receiving from and returning to his customers linen, while a case of small-pox was in his house, and persisting in so doing after having been warned by the medical officer of health, Dr. Dudfield. Although the laundry-keeper was recalcitrant in the first instance, he afterwards submitted to the behests of the vestry. In consideration of this, and of the case having been brought forward to illustrate the law, a mitigated penalty was imposed.

THE Emperor of Russia has authorised the medical service of the army, in view of the insufficient supply of medical men, to employ in the military hospitals, as assistants to the medical staffs there, students of medicine who are engaged in their final studies. These students are to receive as pay 75 roubles (1 rouble = 32 pence = 100 copecks) per month, 100 roubles for equipment, and 1 rouble 50 copecks for food and lodgings. The students who may be called upon to accompany troops in the field will receive in addition 125 roubles for the purchase of a saddle-horse.

A *conversazione* was given on Wednesday evening by the Sanitary Institute of Great Britain at the Grosvenor Gallery by permission of Sir Coutts Lindsay. The attendance was somewhat scanty, the visitors including Dr. B. W. Richardson, Dr. Corfield, Dr. Hinckes Bird, Dr. J. J. Rygate, &c.

IN London last week 1570 deaths were registered, representing an annual rate of mortality of 22·9. To whooping-cough, which appears to be on the decline, 97 deaths were attributed, to small-pox 38, to measles 24, to scarlet fever 23, to diphtheria 7, to different forms of fever 19, and to diarrhœa 72. Three fatal cases of sunstroke were registered, and different forms of violence accounted for 46 deaths.

Correspondence.

"Audi alteram partem."

ANIMAL VACCINATION.

To the Editor of THE LANCET.

SIR,—In your leader of last week on this subject there is a manifest error. Having defined *true* bovine vaccination as "heifer-transmitted spontaneous cow-pox," Dr. Martin says, on p. 48 of his report, that "true bovine lymph is certainly free from all possibility of syphilitic contamination." Commenting on this statement, you say, "the notion that animal lymph would be free from chances of syphilitic contamination is so fallacious that we are surprised to see Dr. Martin reproduce it." Dr. Martin does not deny the possibility of syphilitic contamination after retro-vaccination, which, though coming under the generic term of "animal vaccination," is carefully excluded from his clear definition of *true* bovine vaccination.

Having his report before me, I am also able to point out another error. You say: "We are equally surprised to observe his (Dr. Martin's) want of acquaintance with the circumstances under which the well-known cases of vaccino-syphilis examined by Mr. Hutchinson were brought under that gentleman's notice—namely, through the agency of Dr. Seaton and the officers of the National Vaccine Establishment." Now, on pages 48 and 49 of Dr. Martin's report it is expressly stated that his knowledge of these cases was derived from Mr. Hutchinson's report, which he "went to the expense of having stereotyped from the 54th volume of the Medico-Chirurgical Transactions"; and on page 50 he says that "Mr. Hutchinson had, with admirable perseverance and great labour, traced, examined, and recorded them all," and "that many—indeed, most—of them were in the care of various practitioners, who failed entirely to discover the true nature of these 'bad arms.'" This conveys a totally different impression from the statement in your leader, and the error is more manifest since Dr. Martin's information is derived from Mr. Hutchinson's own report. I venture to submit that you cannot support the charge of "want of information" on the foregoing evidence.

Dr. Martin has no sympathy with what he calls the "red-tape methods" of Government officials, but he cannot be accused of "ignorance" if Mr. Hutchinson's report has given him a different impression from what your leader implies.

I am, Sir, your obedient servant,

ALEX. MCCOOK WEIR, M.D. &c.

Leicester, June 24th, 1878.

*** When Dr. Martin states that "true bovine lymph is certainly free from all *possibility* of syphilitic contamination," he clearly means such chance of contamination as is ordinarily supposed to be connected with the *vaccinifer*. But this is not the sole, or even the most probable, chance of syphilitic contamination to which vaccine lymph may be exposed, and professional experience of animal vaccination is still too limited for us to be able to state with any certainty that true bovine lymph, or the operation of vaccination with it, is exempted from those accidental contaminations or inoculations of syphilis which form the staple of vaccino-syphilitic occurrences. Hence we regret that so obvious a distinction should have been ignored by Dr. Martin, to the possible future prejudice of animal vaccination. Dr. Martin suggests that the rarity of reported instances of vaccino-syphilis in England arises from want of good faith on the part of the public vaccinators and the officers of the National Vaccine Establishment. He refers to Mr. Hutchinson's cases in support of this preposterous suggestion. He says, with reference to the teaching of these cases, "Official testimony on this point is worse than worthless. Any man who has any experience of red-tape, and red-tape methods, can tell how probable it is that the

employés of the English Vaccine Establishment would report to their superior officers cases *which the latter are peculiarly desirous to have reported*," and more to the same effect. Now the cases reported upon by Mr. Hutchinson would never have come to the knowledge of that gentleman but for the action taken by the officers in question to bring them to his knowledge, and with the special object of their being subjected to independent and unquestionable testimony. The facts as to this are sufficiently familiar to give occasion for surprise that they should not have been known to Dr. Martin. We would willingly have passed over this portion of Dr. Martin's report in silence, but Dr. Weir will have it otherwise.—ED. L.

"LITHOTRITY COMBINED WITH LITHOTOMY."

To the Editor of THE LANCET.

SIR,—A few words will, I think, suffice to show that the combination performed by me in the case reported at p. 901 of your journal for June 22nd, was widely different in object and execution from that practised by Mr. Macnamara. The crushing operation performed by him would not be considered lithotrity by any lithotritist in Europe or America. The expressive term "fragmentation" has been invented by the Americans to distinguish it from lithotrity. The object aimed at by surgeons like Gouley and Mr. Macnamara is to break up a large stone into several small ones, and so render the operation of lateral lithotomy less dangerous, it being well known that it is not nearly so hazardous to extract four calculi, each weighing half an ounce, as one stone of two ounces. The following statement of Mr. Macnamara that "he was in the habit of first crushing a stone, if of large size, and then performing lithotomy," shows clearly that the crushing operation was not lithotrity, for if it had been there would have been no necessity to perform lithotomy. By lithotrity is meant an operation which reduces a stone to pieces sufficiently small to pass by the urethra; but as Mr. Macnamara only broke up the stone into several calculi, he had, as he says, to perform "the usual operation of lithotomy," which it was the end and aim of my plan to avoid. I, on the contrary, did a perfect lithotrity, each fragment being small enough to pass from the bladder without making any cut into that organ. I simply incised the urethra for the purpose of removing the pieces, as the patient's bladder had no power to expel them. The difference between my combination and that of Mr. Macnamara's will at once be seen when each is correctly formulated. His was "*fragmentation*," and "the usual operation of *lithotomy*." Mine was *lithotrity*, followed by *external urethrotomy*.

I remain, Sir, your obedient servant,

Portman-square, July 1st, 1878. W. F. TEEVAN.

THE DEATH OF THE QUEEN OF SPAIN.

To the Editor of THE LANCET.

SIR,—It seems but too evident that the Queen of Spain lost her chance of recovery from the over anxiety and assiduity of her friends. The avoidance of excitement of all kinds is of the very greatest importance in that stage of typhoid fever in which the Queen saw her father and other relatives. I have known more than one instance where the pressing anxiety of parents has turned the scale against the sufferer, and led to a fatal issue. It is frequently the most difficult thing to impress upon friends and nurses the absolute need of repose in every case where the powers of life are in danger of failing.

The Queen appears to have lost her consciousness soon after the visit of her father, and to have passed rapidly away after that event. Had she been a poor patient, with the quiet nursing of well-trained attendants, there was apparently every chance of recovery.

I remain, Sir, yours truly,

Marlborough College, July 2nd, 1878. WALTER FERGUS.

COLONIAL MEDICAL APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—I have the honour to forward a copy of a letter from the Chief Commissioner of Crown Lands and Public Works at the Cape of Good Hope, referring to an advertisement which appears to have been published in THE LANCET, relative to an alleged vacancy at the Alicedale Infirmary.

As no direct reference is given to the advertisement, it is possible that the Commissioner may have been misinformed, but the Crown Agents think it desirable to call your attention to the matter, in order that you may, if you think it necessary, take steps to contradict the statement that any such vacancy exists.

I am, Sir, your obedient servant,

Downing-street, London, June 29th, 1878. M. F. OMMANNEY.

*** No advertisement relating to Alicedale has appeared in THE LANCET, and no reference has been made to Alicedale in any editorial or other article.—ED. L.

THE CHELMSFORD HYDROPHOBIA CASE.

To the Editor of THE LANCET.

SIR,—I regret that Dr. Nicholls has taken umbrage at my comments on his case. I merely stated, which I yet maintain, that I do not *think* it will be accepted as a genuine case of hydrophobia.

It was my fortune to see several cases of this disease while serving abroad, and I shall be very happy to furnish Dr. Nicholls with my notes of them, as well as my name, service, and qualifications. May I draw attention to Dr. Buzzard's case in your issue of to-day, contrasting it with the Chelmsford one, and leave the profession to judge which is truer to the generally accepted notion of hydrophobia?

Apologising for trespassing on your valuable space,

I remain, Sir, yours truly,

June 29th, 1878. DUBITANS.

PARLIAMENTARY PROCEEDINGS.

HOUSE OF LORDS.

Thursday, June 27th.

DENTAL PRACTITIONERS BILL.

The Marquis of LANSDOWNE, in moving the second reading of this Bill, which had come up from the Commons, said that its object was to provide for the examination and registration of dentists. It was proposed that in future no dentist who had not undergone an examination should be entitled to practise. An exception, to work retrospectively, was made in favour of dentists who had been for some time engaged in the active practice of the dental profession. The measure was viewed favourably by the Medical Council, under whose supervision the examinations for dentists were proposed to be held, and, as the promoters of the Bill had the same object in view as the Lord President of the Council had in the portion of his Medical Bill applying to dentists, and as the Bill before their lordships went further in some respects than the Government Bill, so far as the latter referred to dentists, he believed the noble duke would not oppose it in an amended form. With the view of having the amendments printed, he would propose to go into committee *pro formâ* on the following day.

The Duke of RICHMOND and GORDON thought the course proposed by the noble marquis was a convenient one. Though there might be some objection to the Bill as it stood, it was framed with the same object as the Government Bill, and might, perhaps, go a little further. After the amendments to which the noble lord had referred were printed, he had little doubt that he might be able to give the noble marquis any assistance he might require.

The Bill was then read a second time.

HOUSE OF COMMONS.

Monday, July 1st.

IRISH MEDICAL TESTIMONY.

Mr. R. SMYTH asked the Chief Secretary for Ireland whether his attention had been called to a report of proceedings at Quarter Sessions, Dungannon; if it was true, as stated by the Sessional Crown solicitor, that a circular had been issued from Dublin Castle, signed by the Under-Secretary, directing that medical gentlemen should not be summoned to give evidence in cases of assault unless where life has been endangered; and if, considering the statement made by the county court judge, Sir Francis Brady, when commenting upon a serious case of assault, that the issue of

such instruction by any officer of the Government was an absolute frustration of justice, it was the intention of Her Majesty's Government to direct that the circular be withdrawn and the production of medical testimony in future left to the discretion of the solicitors for the Crown.

Mr. J. LOWTHER.—My attention has been called to this matter, and it appears that a circular was recently sent by the Under Secretary, directing the attention of Sessional Crown Solicitors to the great and frequently unnecessary expenses occurred in connexion with medical evidence. The circular does not go to the extent of confining such evidence to cases in which life has been actually endangered, though a constabulary order of the date of 1865 appears to go somewhat in that direction, and some modification of it may be found necessary.

Wednesday, July 3rd.

HABITUAL DRUNKARDS BILL.

As explained by Dr. CAMERON, the object of this Bill is to empower local authorities to establish retreats for the curative treatment of confirmed drunkards. These persons may be admitted on their own application for a term not exceeding twelve months, and power is also given to magistrates to commit to a retreat for a similar period any person who may be summoned before them by his nearest relatives and proved to come within the definition of an habitual drunkard; but Dr. Cameron intimated his readiness to abandon these clauses if they were strongly objected to. Provision is made for the inspection, visitation, &c., of these institutions, and the inspectors will have power to give licences to any inmate whom they think fit to reside outside for the remainder of his term. The Bill was read a second time.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 27th:—

Curd, Charles, Combe Devon, Somerset.
Huntington, Homer Austin, Liverpool.
Hoskyns, Edward John Haddeston, Duffield House, Derby.
Jones, Frederick Felix, Llanfyllyn, Montgomery.
Kensey-Morgan, Augustus, Greenfield, Newport, Monmouthshire.
Warren, Edwin Charles, Malpas-road, Newcross.

At the recent examination for the Prizes in Botany the successful candidates were:—

1st.—Thomas B. F. Eminson, St. Mary's Hospital.
2nd.—William Egerton Starling, Guy's Hospital.

DR. ROBERT JAMES BLAIR CUNYNGHAME and Dr. William Stewart Irvine have been placed on the Commission of the Peace for Perthshire.

EDWARD R. PERKS, M.R.C.S. Eng., of Portsea, has been presented with a carriage and horse, at a cost of upwards of £200, by his patients and friends, as a mark of the high estimation in which they have held him for many years.

THE vestry of Kensington, by a unanimous vote, have increased the salary of their medical officer of health, Dr. Dudfield, from £400 to £500 per annum, on a notice of motion to that effect by the chairman of the five standing committees.

VACCINATION GRANTS.—The following gentlemen have received the Government grant for successful vaccination in their respective districts:—Mr. Frank A. Taylor, Romsey Union, £5 17*s.* (third time); and Dr. J. P. Lewis, Basingstoke, £17 5*s.* (fourth time).

SMALL-POX IN DUBLIN.—By the returns for the week ending June 22nd it appeared that the epidemic was decreasing in Dublin, there being only thirteen deaths recorded, a number less than in any week since the commencement of May; whilst the fresh cases were 26 below those in the preceding week. This improvement, however, has not been lasting, as, for the week ending last Saturday, the deaths recorded from small-pox amounted to 27, being 14 in excess of the previous week, while 83 fresh cases were admitted into hospital against 71 in the week preceding. Of the 27 fatal cases, 8, however, should not be included, inasmuch as they did not take place within the week, having, by some oversight, been omitted from a previous return.

BOOKS ETC. RECEIVED.

M. M. Pattison Muir: Practical Chemistry for Medical Students.
M. D. Fardel: Vichy.
S. S. Alford: Dipsomania.
J. J. Macvicar on the Nature of Things.
Dr. E. N. Chapman: Antagonism of Alcohol and Diphtheria.
Dr. F. Delafield: Studies in Pathological Anatomy. Nos. I., II., III., and IV.
Dr. S. C. Busey on Lymph Channels.
The Popular Science Monthly. July.
The Journal of Mental Science. July.
The Magazine of Art. July.
The Veterinarian. July.
The Monthly Homœopathic Review. July.
The Journal of Physiology. June.
The Young Emancipator. July.
The Birmingham Medical Review. July.
The Gardener's Chronicle. June.
The Medical Enquirer. May.
Quarterly Journal of Microscopical Science. July.

Medical Appointments.

CLARKE, A., L.R.C.P.I., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 4, or Drighlington and Tong, District of the North Bierley Union, Yorkshire, vice Field, whose appointment has expired.

CRUICKSHANK, B., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Auldearn, Nairnshire, vice Cameron, resigned.

DUNN, H. P., M.R.C.S.E., has been appointed House-Surgeon to the Seamen's Hospital, Greenwich, vice Shann, whose appointment has expired.

FONMARTIN, H. DE, M.D., M.R.C.P.I., has been appointed House-Physician to the Seamen's Hospital, Greenwich, vice Murphy, whose appointment has expired.

FREELAND, R., M.B., C.M., has been appointed Certifying Factory Surgeon for Broxburn, Linlithgowshire, vice Bentley, resigned.

GREWCOCK, G., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Ropsey District of the Grantham Union, until the 25th March, at £30 per annum and fees, vice Newcome, resigned.

HARDAY, G., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 6 District of the Daventry Union, vice Parsons, resigned.

HEATON, Mr. C. W., has been appointed Public Analyst for the Parish of St. Martin-in-the-Fields, at £50 per annum, and 10*s.* for every certificate of analysis, vice Anderson, whose appointment has expired.

LLOYD, T. L., L.R.C.P.I., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Ashley District of the Drayton Union, Salop, for six months, vice Armstrong, resigned.

MACDONALD, R., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the South District of the Poplar Union, at £130 per annum, vice Bastable, resigned.

MCIVER, W., M.D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, &c., for the Moneymore Dispensary District of the Magherafelt Union, co. Londonderry, at £115 per annum and fees, and £15 per annum as Medical Officer of Health, vice Maxwell, resigned.

MAYBERRY, F. G., M.B., C.M., has been appointed Medical Officer, Public Vaccinator, &c., for the Kenmare Dispensary District of the Kenmare Union, co. Kerry, at £100 per annum and fees, and £25 per annum as Medical Officer of Health, vice G. M. Mayberry, M.D., resigned.

MICHELL, H. S., M.R.C.S.E., L.S.A.L., has been appointed Assistant Medical Officer to the Wiltshire Lunatic Asylum, Devizes, vice Tyner, resigned.

MURTAGH, E. J., M.D., L.R.C.S.I., L.A.H.D., has been appointed Medical Officer, Public Vaccinator, &c., for the St. Peter's East Dispensary District of the Drogheda Union, co. Louth, at £110 per annum and fees, and £20 per annum as Medical Officer of Health, vice Kealy, deceased.

PORTER, J. F., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Bow District of the Poplar Union, at £130 per annum and vaccination fees, vice Webb, resigned.

SCOTT, J., M.B., C.M., has been appointed House-Physician to the Bristol Royal Infirmary.

SCOTT, W. E., L.R.C.P.Ed., L.R.C.S.Ed., L.S.A.L., has been appointed Medical Officer to the Lincoln General Dispensary, vice Lomax, resigned.

SMITH, J. G., M.B., C.M., has been appointed Medical Superintendent of the Bristol Royal Infirmary.

WATSON, C. S., M.B., C.M., has been appointed Junior Resident Medical Officer to the Hospital for Sick Children, Pendlebury Manchester.

WEBSTER, C., M.R.C.S.E. & L.M., L.S.A.L., has been reappointed Medical Officer of Health for the Bewdley Urban Sanitary District, at £20 per annum.

WHARTON, H. T., M.A., M.R.C.S.E., has been appointed Honorary Medical Officer to the Kilburn, Maida-vale, and St. John's-wood General Dispensary, vice Platt, resigned.

Births, Marriages, and Deaths.

BIRTHS.

BOSSON.—On the 26th ult., at Hanby House, Alford, Lincolnshire, the wife of George Bosson, M.R.C.S.E., of a son.

CHESSALL.—On the 25th ult., at Horley, Surrey, the wife of William Chessall, M.D., of a son.

COUTTS.—On the 22nd ult., at Tenterfield House, Waterfoot, Manchester, the wife of James Allan Coutts, M.D., of a son.

DOVE.—On the 24th ult., at Stowmarket, the wife of Harry Dove, M.R.C.S.E., of a daughter.

GORDON.—On the 24th ult., at Amersham-road, Newcross, the wife of John Gordon, M.D., of a daughter.

PRANKERD.—On the 21st ult., at Ultenhage Villa, Victoria-park, the wife of Orlando R. Prankerd, M.D., of a daughter.

RICHARDS.—On the 28th ult., at the Middlesex County Asylum, Hanwell, the wife of J. Peeke Richards, of a son.

STEELE.—On the 1st inst., at Queen's-road, Peckham, the widow of the late Edward Harry Steele, M.R.C.S.E., L.S.A.L., eldest son of Edward Steele, of Wollaston House, Dorchester, Dorset, of a son.

WALKER.—On the 28th ult., at King Edward-road, Hackney, the wife of William Newman Walker, jun., M.R.C.S.E., of a son.

MARRIAGES.

STROVER—MATHEW.—On the 25th ult., at Hendon Church, Walter Strover, M.R.C.S.E., to Emily Jane, daughter of Charles Mathew, Esq.

VERDON—BAINES.—On the 26th ult., at Naburn Church, Walter Verdon, F.R.C.S.E., to Mary Frances, daughter of W. M. Baines, Esq.

DEATHS.

ALLSHORN.—On the 20th ult., at Dalston-lane, Rebecca Anne, the wife of Adolph. Hahnemann Allshorn, M.D.

BULLOCK.—On the 28th ult., at Cumberland-place, Hyde-park, Henry Bullock, M.R.C.S.E., aged 66.

CLARK.—On the 18th ult., at Christchurch, Hants, Robert Oke Clark, M.R.C.S.E., aged 52.

EVANS.—On the 24th ult., at St. Nicholas, Durham, Llewellyn Wilson Evans, M.R.C.S.E., aged 25.

FULTON.—On the 20th ult., at East Dulwich-grove, Joseph Fulton, L.K.Q.C.P.I., late of Firmount, co. Dublin, aged 34.

HOWDEN.—On the 27th ult., at Haddington, Thomas Howden, jun., M.D., aged 38.

JONES.—On the 23rd ult., at Watton, Brecknock, William Jones, M.R.C.S.E., aged 38.

ORGILL.—On the 26th ult., John Orgill, L.F.P.S.G., of Stranraer, Wigtownshire, aged 73.

SHEDDEN.—On the 29th ult., in London, Arthur William Shedden, M.D., Surgeon-Major, Army.

TAYLOR.—On the 28th ult., at Cricklade, Thomas Taylor, M.R.C.S.E., aged 84.

WATSON.—On the 24th ult., at Lancaster, William Watson, M.R.C.S.E., aged 40.

WILSON.—On the 19th ult., at Pocklington, Thomas Wilson, M.D., aged 72.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

PROVIDENT DISPENSARY FOR SUNDERLAND.

SUNDERLAND is now in a fair way to have a provident dispensary, the matter having been under the consideration of the committee of the infirmary and the medical men of the town. Admission to the infirmary will shortly be free, the ticket system having been abolished, and if with this the present dispensary be utilised as a provident dispensary, much of the abuse apt to be linked with a charity carried out by the use of governors' tickets will be banished. The essential point in the success of such experiments is to secure attention to urgent cases, while encouraging the provident principle.

DIPHTHERIA IN NORTH-WEST LONDON.

To the Editor of THE LANCET.

SIR,—In connexion with the present outbreak of diphtheria in the N.W. district, the following fact may be deemed worthy of record.

Three years ago a friend of mine, who resided in one of the best of the many new streets of the N.W. district, died of diphtheria. The drainage was said to be perfect, and the cause of his seizure was not known. I went to his funeral, and resided in the house. When there I used the same watercloset which my deceased friend had been in the habit of using. While dressing, after the pan had been emptied, I heard the gurgling sound of air regurgitating upwards from the soil-pipe. To test the accuracy of my observation, I pulled up the handle, and allowed the water to run for a time. A few seconds after the handle was let down, the same gurgling sound was again heard. It was repeated as often as I repeated the experiment. Here was quite an adequate explanation of my friend's illness. It seems to me that the only way to detect such faults, and doubtless there are many such in the N.W. district, is to have every house properly inspected by a competent person.

I enclose my card, with the name and address of the friend to whose death I refer.

Your obedient servant,

June, 1878. M.D.

PECULIAR JUDGMENT ON THE PECULIAR PEOPLE.

WE thought we had got it clearly laid down that if a parent, on so-called religious, but really fanatical grounds, refused to bring a doctor to a sick child, in accordance alike with Scripture and sense, he laid himself open to a charge of manslaughter. But one of the Peculiar People, tried at the Central Criminal Court for allowing his child to die of whooping-cough without medical advice, has just been acquitted on the ground of insufficient evidence.

Thundercloud.—Consult a brother practitioner. Try capsicum.

IMPORTANT TO POTATO-GROWERS.

To the Editor of THE LANCET.

SIR,—Our brethren in the country are generally good gardeners, and naturally interested in the potato crop of their neighbours, especially the poor, to whom its well-doing is of vital importance, not to mention the enormous value of the whole crop, which was in some places almost entirely lost last year and previously. My experience proves to me and others that much of this may be avoided by timely care and attention by those who will follow the simple directions I offer, and I am not without hope that some of our thoughtful friends may find some solution of the mystery attending this wonderful disease. I have been in Wiltshire the last few days, and regret to say the disease has made its appearance in the worst form amongst the early sorts. They will soon be lifted and eaten, and so far it is of little importance; but in a few weeks the late kinds will suffer, and, if left to take its course, the rot will destroy millions of tons, which might easily be saved. The only thing to be done is so simple that uneducated people cannot appreciate its importance. As soon as the first sign of the true plague spot appears in a plot of potatoes, the whole of the haulms must be shaved off with a scythe or hook, and removed, and the crop, such as it is, will be entirely saved, and will indeed ripen, though not increase in size. Gardeners have for years understood the necessity of digging them, but have lost many by delay, as it is often inconvenient to spare the time, though the removal of the haulm is easy and expeditious, and indeed is preferable. I have done so for thirty years, and always saved the whole crop.

I think our professional friends will agree in the validity of my reasoning and the value of my experience if they will kindly note the following facts and speculation as to the physiology of the disease. The experts say it is caused by a fungus or insect, &c. &c. Doubtless they find these parasites for which the diseased organisms have formed a convenient nidus; but they are not the cause of the disease. I believe that to be inscrutable, as is the subtle shock caused to a human organism by malarial influences. So the vitality of the potato plant is affected by some mysterious atmospherical influence over the nervous system, so to say, regulating absorption and exhalation; in fact, observers may remark that, previous to the plague spots appearing, the plants appear to grow most luxuriantly, the fact being that exhalation is arrested, whilst absorption is still going on; the plants become dropsical, the sap ferments, a diseased fluid is circulated, and the tubers soon become diseased, and their cells burst in them as well as the haulm, unless it be removed, whilst timely cutting away of the haulm enables the roots to drain off much diseased fluid, and all the tubers will be saved and ripen. A long experience enables me to guarantee this important result, and also to assert that after the appearance of the disease in a plot of potatoes they never increase in size or quality; therefore there is no valid objection to the certainty of saving the crop by cutting away the tops.

If any of your readers desire it, I shall be most happy to give details as to proofs and experiments extending over many years, as well as some important remarks made by an American expert, who wrote to me in reference to a letter of mine in the *Gardeners' Chronicle*. My hope is thrt, through THE LANCET, the public may be influenced to follow the simple expedient I advert to, and thereby effect an enormous saving to the country.

I am, Sir, yours respectfully,

ARTHUR SARGEANT, F.R.C.S.

Avonside, near Salisbury, June 30th, 1878.

BAROZZI DA VIGNOLA, M.R.C.S. ENG.

THIS gentleman, for whom Sir James Paget made a feeling appeal to the profession a few weeks since, expired at his residence in Regent-street on the 27th ult., in the fifty-fourth year of his age. He was admitted a member of the College of Surgeons in 1868.

THE USE OF TINCTURE OF EUCALYPTUS GLOBULUS IN MALARIAL FEVERS.

To the Editor of THE LANCET.

SIR,—As I am uncertain whether the Eucalyptus globulus has been much tried here as a substitute for quinine in the treatment of malarial fevers, I think it might be of interest to the profession to note the result of its use in three typical cases.

In the first case in which I tried it, it was suggested to me by my patient, he saying that he had taken quinine by the pound without result, and that the eucalyptus was the only remedy for him. He had many years since contracted malaria of the worst type in the Douro district, and had tried most remedies without avail. A very few doses of the tincture of eucalyptus globulus removed the symptoms.

In the second case, my patient had been many years abroad as a missionary, and suffered severely from intermittent fever contracted during his labours in tropical climates. He also found no relief from quinine, but was very speedily relieved by the eucalyptus.

In the third case, my patient was a gentleman who had lived many years in India and China, and during his residence abroad had had seven attacks of ague. Recently he experienced a return of his old symptoms, and took quinine, as he had been accustomed to, to check the illness. However, on this occasion it failed to produce the usual effect, so I recommended him to try the eucalyptus. The effect was at once marked, and speedily all his intermittent symptoms left him.

The remedy is pleasant to take, and the dose I have prescribed is ten minims of the tincture.

Yours truly,

Pembridge-square, W., July 2nd, 1878. HENRY B. DOW, M.D.

Mr. W. Vernon.—We cannot give the names of correspondents. Unless we know exactly what appointment is desired, we cannot, of course, indicate any special reference. The best agents to ship surgeoncies are the owners of vessels (*vide* THE LANCET of the 15th ult. p. 878). Messrs. Donald Currie, of 3, Fenchurch-street, and the Union Company, of Leadenhall-street, are the owners of the Cape mail steamers (*vide* daily advertisements in *The Times* and *Shipping Gazette*).

Mr. Recketts.—It is not a question of law, but of custom.

CASE OF SUBMERSION.

To the Editor of THE LANCET.

SIR,—Thinking the following case of nearly fatal drowning, with treatment and results, worthy of the notice of your readers, I shall feel obliged by its insertion in your columns.

On June 27th, at 8 A.M., I was called to see H. L——, aged seventeen. He had been for an early bath in Victoria-park with two of his companions, and was suddenly seen to sink, and, from all I can hear, had been under water once or twice before he was rescued. He was brought home on a truck, and the following is the history from the time I first saw him:—I found him sitting on a chair, with his hands and arms resting on a table. His extremities were cold; face was swollen and livid; pulse hurried, but small; respiration labouring; and he was coughing up about every two or three minutes about a tablespoonful of bright frothy mucus and blood (resembling the scum of raspberry jam), coming, no doubt, directly from the lungs, which were found on examination dull on percussion, and congested throughout (with the exception of a small portion of the upper lobe of the left); although not collapsed, the air could not enter. I ordered him to bed, hot blankets, and mustard applied over the region of the heart; brandy and milk in small quantities frequently; chest and shoulders to be raised; window open, and some strong ammonia sprinkled about the room. In about an hour the heart was beating stronger, but there was no improvement in the respiration; the patient was tossing his head and arms about, getting more livid in the face and wandering in his talk. Seeing this state of affairs, I consulted my friend Mr. Hovell, and suggested the expediency of removing a small quantity of blood from the arm, as, although he was faint, I believed the non-oxygenised blood was fast proving a powerful poison, and that it would end in death in a few hours. Mr. Hovell quite agreed with me, and we opened the median basilic vein of the left arm, and got rid of about five ounces of thick treacle-like blood. In less than five minutes the breathing began to improve, his pulse was softer, and he expressed himself, "I am better." I ordered him a mixture of citrate of potass with ammonia, milk and beef-tea, and to be kept quiet. From that time till the present he has continued to improve, and the only thing one can hear is slight crepitation over the bases of each lung. I thought this case worthy of reporting, because I have failed to find this plan of treatment in any of the text-books. Of stimulants we gave very little, and one could not but think that, instead of increasing the quantity and quality of the blood, it was better in this case to remove what would only act as a poison, and the result has proved most satisfactory.

I am, Sir, yours faithfully,
ALFRED CHARLTON.

Clapton-place, Lower Clapton, July 2nd, 1878.

Vet.—The Brown Institution, we learn, is about to lose the services of Dr. Burdon-Sanderson. Candidates for the appointment of Professor Superintendent must apply, not later than the 13th July, to the Clerk of the Institution, London University.

Mr. Hugh Stott.—All ship surgeons must be qualified and "registered medical practitioners." Commerce is just now so bad that no second or assistant medical officers are carried, even if they possess qualifications.

"SANITARY REPORTS."

To the Editor of THE LANCET.

SIR,—My friend Dr. Kenyon, of Chester, has submitted to me copies of his letter to you and your reply with reference to an expression in your notice of his Report (THE LANCET, p. 916).

I feel sure that in stating that his chemistry was "loose," and recommending him in future to employ an analyst, you did not intend to assert that he was incompetent to conduct a water analysis, or to prejudice him in the opinion of those he serves. THE LANCET is, however, so high an authority on all subjects relating to the profession that your criticism cannot but injure Dr. Kenyon.

Having taken first-class honours in Chemistry and Natural Philosophy in the University of London, and having since made chemistry a special study, Dr. Kenyon is convinced that the reviewer has imputed ignorance where it does not exist. For nearly five years Dr. Kenyon has been medical officer of the Chester combined sanitary districts, and during that period has regularly made *quantitative* analyses of samples of water submitted to him by the various authorities belonging to the combination. The number of analyses thus made during the first eighteen months, as they appear in the official record, is 47.

THE LANCET reviewer has, doubtless, been misled by certain cursory remarks in Dr. Kenyon's report on waters a quantitative analysis of which was not made. The remarks are necessarily very general, and addressed to laymen, and obviously never intended to represent a scientific opinion on the waters referred to.

As a matter of fact, with few exceptions, health officers of combined authorities are competent analysts *as regards water*, and it would scarcely be possible for them to perform their duties unless prepared to speak and advise, of their own knowledge, as to the quality of district water supplies.

I am, Sir, yours sincerely,
Birkenhead, June 29th, 1878. FRANCIS VACHER.

*** We gladly insert the letter of a brother health officer in defence of Dr. Kenyon. It is necessary, however, to remind medical officers of health that all "*cursory*" remarks are subject to criticism, and that, however skilled the analyst may be, such remarks, even when addressed to laymen, are, as in this case, liable to be misinterpreted.—ED. L.

Evelyn Vardon cannot become an "externe" (dresser) without competition, but should try to get a letter of introduction to a "chirurgeon des hôpitaux" in active service, who would allow our correspondent, under the superintendence of his "interne," to do a certain amount of dressing. This irregular dressing will not count for the Faculty of Medicine of Paris; but a certificate of the work, if performed satisfactorily, would probably be given.

Mr. A. O. Owen.—We regret we cannot give the information required.

THE TREATMENT OF SPINAL CURVATURE BY A PLASTER-OF-PARIS JACKET.

To the Editor of THE LANCET.

SIR,—The method of treating spinal curvature by means of a plaster-of-Paris jacket is becoming so universally adopted that I think a few remarks may be interesting to your readers.

Shortly after I had commenced to treat these cases by this method, one of the patients fainted, and in placing him on his back the splint, not yet set, yielded in the centre, and had subsequently to be removed. To obviate the chance of a second failure, my brother devised an apparatus, consisting of a board of sufficient size to allow an adult to lay at full length on it, with castors on its under surface, and having at the lower end two detachable hinges to permit of the board being lowered from the erect to the horizontal position. At the upper end is fastened a bracket, over which a cord and hook pass, which takes the place of the ordinary suspension hook; this latter is loosened and unfastened, and the patient gently lowered with the board, the extension being maintained until the plaster is quite set. The board can be obtained at Messrs. Mayer and Meltzer's.

Whilst writing on this subject, I would allude to a practice I have lately had recourse to, of removing in cases of young female adults, in whom the mischief is seated in the lower dorsal or lumbar regions, a square piece of the jacket from the front, so as to enable the patient to wear an open evening dress. I do not find this at all weakens the splint, and it certainly has the advantage of greatly pleasing the patient.

Your obedient servant,
Wimpole-street, July 1st, 1878. S. BIGG, M.R.C.S. Eng., &c.

Mr. N. Cameron.—By the Colonial Secretary, Colonial Office, Cape Town. It might be well to address the Cape Colonial Agency, Downing-street, S.W., on the subject, as the announcements of vacancies are sometimes sent there. Vacancies as to district surgeoncies are frequently advertised in the Cape Town daily journals.

CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—A few weeks since I observed in your journal a letter suggesting the internal use of the above for the cure of whooping-cough. At that time I had five cases. I tried the acid, and it would appear with immediate good effect, as the cough left within a period of ten days. The disease had been most severe, in some instances was protracted for months. My practice in this ailment is very limited, and I should feel grateful if someone with more extended opportunities would give the remedy a fair trial, and publish through your columns the result. I find whooping-cough usually goes to the druggist, and it is only the more severe cases that the medical man has a chance of treating. The form in which I prescribed the drug was in doses of from one to three drops of the pure acid according to age, flavoured with the oil of bitter almonds, and mixed with mucilage and syrup, which medicine young children readily take.

I would mention that I have found the internal use of carbolic acid of the greatest benefit in treating the diarrhœa of typhoid, for which I formerly used the chloride of lime.—Faithfully yours,
Chelmsford, July 1st, 1878. JAMES NICHOLLS, M.D., F.R.C.S., &c.

M.D.—Some cases of the disease in question were reported in our columns in May last, page 644. The affection is probably less uncommon than it is usually supposed to be.

DIAGNOSIS BY THE HAND IN THE RECTUM.

To the Editor of THE LANCET.

SIR,—In January, 1869, Mr. Maunder saw in consultation with me a lady, sixty-one years of age, who was the subject of almost complete bowel obstruction, to determine the seat of which, he introduced his hand into the rectum, and detected the nature and seat of the stricture, and subsequently performed left lumbar colotomy. On the fifth day the wound had healed about the artificial anus, and the patient sat up in bed, and partook of roast mutton &c. for dinner. This was not the first time Mr. Maunder had practised this method of diagnosis, the fact being recorded by Dr. Hilton Fagge in the Guy's Hospital Reports, 1868. In calling attention to this subject, I do Mr. Maunder simple justice, and have been surprised to find that lately two London surgeons, when writing on the subject, have altogether ignored Mr. Maunder, whose name has been long associated with the successful treatment of intestinal obstructions.

Yours truly,
Commercial-road East, June, 1878. C. W. PEARCE.

HARWICH AND DOVERCOURT AS A HEALTH RESORT.

To the Editor of THE LANCET.

SIR,—I should deem it a favour if you will kindly insert the following in the next issue of your journal.

It is now more than three months since our town was unfortunately visited with small-pox; but, owing to the energetic measures taken by our medical officer in revaccination and isolating infected cases, it has happily subsided. We are now singularly free from any sickness whatever; and as an instance of the salubrious and healthy state of the town, especially as a seaside resort, I may state that of the Foresters' and Odd Fellows' Clubs, of which there are several numbering upwards of 800 members, none have applied for medical aid during the last nine weeks. It is the more gratifying, since, through the mismanagement of our borough authorities, the epidemic was allowed to assume such grave proportions without adequate means being taken for its suppression.

I am, Sir, yours truly,
Harwich, Essex, July 1st, 1878. A FORESTER.